


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

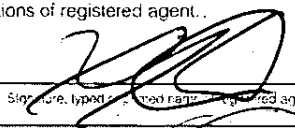
FILED
Feb 28, 2008 8:00 am
Secretary of State

02-28-2008 90020 009 ****61.25

| | | | |
|---|---------|---|---------|
| DOCUMENT # 741936 | |  | |
| 1. Entity Name PINE FOREST ESTATES BAPTIST CHURCH, INC. | | | |
| Principal Place of Business 2550 WEST NINE MILE ROAD PENSACOLA FL 32534 | | Mailing Address 2550 WEST NINE MILE ROAD PENSACOLA FL 32534 | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



1st MOORE CR2E037 (10/07)

| | | | |
|---|--|---|--|
| 6. Name and Address of Current Registered Agent DAVIS, MIKE 8730 SHARON LANE PENSACOLA FL 32534 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>Same</i> City FL Zip Code | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | | |
| SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | DATE 2/11/08 | |
| FILE NOW: FEE IS \$61.25 Due By May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Make Check Payable to: Florida Department of State | | | |

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|---|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P DAVIS, MIKE 8730 SHARON LANE PENSACOLA FL 32534 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD John Hubley 6069 ST. ALBAN RD Pensacola, FL 32503 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T GIPSON, GRACE 4651 WILDE LAKE BLVD PENSACOLA FL 32526 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | S The Ferryn Twarkin 4932 Woodbine Rd Pace, FL 32571 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD HELMS, BILLY W 3451 E KINGSFIELD RD PENSACOLA FL <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D STANLEY, MERIDETH 1968 WINNERS CIR. CANTONMENT FL 32533 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D RUSSELL, KING 513 RONDA PENSACOLA FL 32513 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S GRACE, GIP SON 4651 WILDE LAKE BLVD. PENSACOLA FL 32526 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

 **Michael Davis**

2/11/08 850-478-1691

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **2/11/08** County **FL**