


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Jan 25, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # 749192</b>	
1. Entity Name <b>LAWTON ROAD BAPTIST CHURCH OF PENSACOLA, INC.</b>	

Principal Place of Business <b>7845 LAWTON RD PENSACOLA FL 32514-6162</b>	Mailing Address <b>7845 LAWTON RD PENSACOLA FL 32514-6162</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E037 (10/06)

City & State	City & State	4. FEI Number <b>05-0065914</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>
<b>BROCKMAN, CLARENCE 7845 LOWTON ST PENSACOLA FL 32514</b>

<b>7. Name and Address of New Registered Agent</b>
Name
Street Address (P.O. Box Number is Not Acceptable)
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> Delete
NAME	<b>BROCKMAN, CLARENCE R</b>
STREET ADDRESS	<b>1 FRISCO RD</b>
CITY ST ZIP	<b>PENSACOLA FL</b>
TITLE	TD <input type="checkbox"/> Delete
NAME	<b>FREEMAN, W. D.</b>
STREET ADDRESS	<b>2427 BERYL AVE</b>
CITY ST ZIP	<b>PENSACOLA FL</b>
TITLE	VD <input type="checkbox"/> Delete
NAME	<b>FREEMAN, ROBERT E</b>
STREET ADDRESS	<b>2300 WELIEN</b>
CITY ST ZIP	<b>PENSACOLA FL 32507</b>
TITLE	T <input type="checkbox"/> Delete
NAME	<b>BARNHILL, JOSEPH W</b>
STREET ADDRESS	<b>3289 MELVIN DRIVE</b>
CITY ST ZIP	<b>PACE FL 32571</b>
TITLE	T <input type="checkbox"/> Delete
NAME	<b>WIGGINS, STEPHEN B</b>
STREET ADDRESS	<b>10748 COUNTRY OSTRICH DRIVE</b>
CITY ST ZIP	<b>PENSACOLA FL 32534</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY ST ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY ST ZIP	

U00000604435  
01/29/07-80053-025 61.25

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:** \_\_\_\_\_ **01-21-07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #