

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


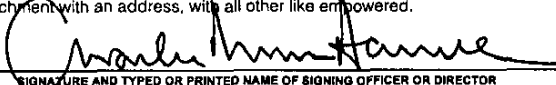
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Feb 10, 2006 8:00 am
Secretary of State

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01312006 Chg-NP CR2E037 (11/05)

DOCUMENT # 764951					
1. Entity Name FIRST PRESBYTERIAN CHURCH OF PENSACOLA, INC.					
Principal Place of Business 33 E GREGORY PENSACOLA, FL 32501 US		Mailing Address 33 E GREGORY PENSACOLA, FL 32501 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-0816441	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HARRELL, CHARLES, M 2403 TRONJO PLACE PENSACOLA, FL 32503				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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	STD <input type="checkbox"/> Delete	TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HARRELL, CHARLES M	NAME			
STREET ADDRESS	2403 TRONTO PL	STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA, FL 32503	CITY-ST-ZIP			
TITLE	PD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CLARK, WILLIAM H	NAME			
STREET ADDRESS	433 CREAMY ST	STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA, FL 32503	CITY-ST-ZIP			
TITLE	VPD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HUFFORD, ARTHUR D	NAME			
STREET ADDRESS	2300 HALLMARK DR	STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA, FL 32503	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	John W. Monroe		
STREET ADDRESS		STREET ADDRESS	2929 Blackshear Ave		
CITY-ST-ZIP		CITY-ST-ZIP	Pensacola, FL 32503		
TITLE	<input type="checkbox"/> Delete	TITLE	S/T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	Susan Kimmel a/k/a Susan Crockett Batson		
STREET ADDRESS		STREET ADDRESS	5141 Yesteroaks Circle		
CITY-ST-ZIP		CITY-ST-ZIP	Pensacola, FL 32504		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: 		2/3/06		(850) 438-1111	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	