2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # C99000000001



FILED

Mar 12, 2007 8:00 am Secretary of State

1. Entity Nan PENSAC		/ BAPTIST ASSO	CIATION					03-12-2007	90359 03	96 *******	1.25	
Principal Place of Business Mailing Address 9999 CHEMSTRAND RD 9999 CHEMSTRAND RD PENSACOLA, FL 32514 PENSACOLA, FL 32514								nim 1911 88/11 8811 88	ing gues bylik bus	 	urciyi de luiği	
Principal Place of Business - No P.O. Box # 3. Mailing Address												
Suite, Apt. #, etc. Si			Suite, Apt	Suite, Apt. #, etc.			2282007	Chg-NP	CR2E03	7 (12/06)		
City & State C		City & Sta	City & State		4	4. FEI Number 59-6018389			Applied For Not Applicable			
Zip	Zip Country Z		Zip	ip Country		5. Certificate of Status Desired \$8.75 A Fee Requ						
6. Name and Address of Current Registered Agent						7.	Name and A	ddress of New I	Registered A	gent		
DANIEL JOHN DESO					Name	Name						
DANIEL, JOHN P ESQ. 501 COMMEN DENCIA PENSACOLA, FL 32501					Street A	Street Address (P.O. Box Number is Not Acceptable)						
					City	FL						
	e named entit tions of regisi	y submits this statement f tered agent.	or the purpose of o	changing its re	egistered office o	er registered a	agent, or both,	, in the State of Fl	lorida. I am ta	amiliar with,	, and accept	
SIGNATURE	Signature, typed	or printed name of registered ager	and title if applicable.	AIOTT: I								
Filing Fee is \$61.25 9. Due by May 1, 2007				(NOTE: F	Registered Agent signa	lure required whei	n reinstaling)		DATE			
	Filing Fe	e is \$61.25	9. 8		paign Financing	\$5	i.00 May Be		fake check rida Departi		1	
10.	Filing Fe	e is \$61.25	9. 8	Election Camp	paign Financing	□ \$5 Add	i.00 May Be		fake check rida Depart	ment of S	tate	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Due by N RODABAI 6626 CHIC	e is \$61.25 flay 1, 2007	9. E	Election Camp	paign Financing ntribution.	D ADD	i.00 May Be ded to Fees ITIONS/CHAN I.A. HUNT CHCMSTE	FIGES TO OFFICE ER LAND ROAT	fiake check rida Departi ERS AND DIR	ment of S	tate	
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12. I hereby certify that the information supplied with this filling 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR