

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # N00000006177

1. Entity Name  
THE FELLOWSHIP CHRISTIAN MINISTRIES, SBC, INC.



Principal Place of Business  
1025 S FAIRFIELD DR  
PENSACOLA, FL 32503

Mailing Address  
PMB - 103  
40 WEST NINE MILE RD., #2  
PENSACOLA, FL 32534



01182007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3517604

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

MOBLEY, RICHARD E  
7131 TANNEHILL DR.  
PENSACOLA, FL 32526

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

U00000601866  
01/26/07-80067-004 61.25

**10. OFFICERS AND DIRECTORS**

TITLE PT  
NAME MOBLEY, RICHARD E  
STREET ADDRESS 7131 TANNEHILL DR.  
CITY-ST-ZIP PENSACOLA, FL 32526

TITLE CT  
NAME MOBLEY, PAMELA R  
STREET ADDRESS 7131 TANNEHILL DR.  
CITY-ST-ZIP PENSACOLA, FL 32526

TITLE TT  
NAME MOBLEY, PRESTON S  
STREET ADDRESS 2081 INTENDENCIA ST.  
CITY-ST-ZIP PENSACOLA, FL 32501

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/21/07 (850) 637-2023