

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 26, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N00275**

1. Entity Name  
FIRST BAPTIST CHURCH OF PENSACOLA, INC.



Principal Place of Business  
500 N PALAFOX ST.  
PENSACOLA, FL 32501 US

Mailing Address  
500 N PALAFOX ST.  
PENSACOLA, FL 32501 US

**DO NOT WRITE IN THIS SPACE**



02222005 No Chg-NP CR2E037 (10/03)

4. FEI Number  
59-0725537

Applied For  
Not Applicable

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

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

BARROW, REGINIA D  
3401 SCHIFKO RD  
CANTONMENT, FL 32533

**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, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	SHELL, THURSTON A
STREET ADDRESS	3905 SCENIC HWY
CITY-ST-ZIP	PENSACOLA, FL 32504
TITLE	D
NAME	LADNER, JOE B
STREET ADDRESS	10100 HILLVIEW DR # 2204
CITY-ST-ZIP	PENSACOLA, FL 32514
TITLE	PD
NAME	MORRISON, WILLIAM A
STREET ADDRESS	4550 BOHEMIA DR
CITY-ST-ZIP	PENSACOLA, FL 32504
TITLE	D
NAME	LANGSTON, EUGENE P
STREET ADDRESS	7103 SCENIC HWY
CITY-ST-ZIP	PENSACOLA, FL 32503
TITLE	VD
NAME	DICKSON, MAX L
STREET ADDRESS	10101 CREST RIDGE DR
CITY-ST-ZIP	PENSACOLA, FL 32514
TITLE	STD
NAME	HICKS, LARRY K
STREET ADDRESS	2312 MALYSA PLACE
CITY-ST-ZIP	PENSACOLA, FL 32504

000000244573  
12/28/15-80002-004 70.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Eugene P Langston

2/23/05

Date

479-9847

Daytime Phone #