2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008
Secretary of State

DOCUMENT# N00275

Entity Name: FIRST BAPTIST CHURCH OF PENSACOLA, INC.

Current Principal Place of Business:

500 N PALAFOX ST.
PENSACOLA, FL 32501 US

New Principal Place of Business:

Current Mailing Address:

500 N PALAFOX ST.
PENSACOLA, FL 32501 US

New Mailing Address:

FEI Number: 59-0725537 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BARROW, REGINIA D
3401 SCHIFKO RD
CANTONMENT, FL 32533 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	SHELL, THURSTON A,	
Address:	3905 SCENIC HWY	
City-St-Zip:	PENSACOLA, FL 32504 US	
Title:	D	( ) Delete
Name:	LADNER, JOE B,	
Address:	10100 HILLVIEW DR # 2204	
City-St-Zip:	PENSACOLA, FL 32514 US	
Title:	PD	( ) Delete
Name:	MORRISON, WILLIAM A	
Address:	10100 HILLVIEW DR 1207	
City-St-Zip:	PENSACOLA, FL 32504 US	
Title:	D	( ) Delete
Name:	LANGSTON, EUGENE P	
Address:	7103 SCENIC HWY	
City-St-Zip:	PENSACOLA, FL 32503 US	
Title:	VD	( ) Delete
Name:	DICKSON, MAX L	
Address:	10101 CREST RIDGE DR	
City-St-Zip:	PENSACOLA, FL 32514 US	
Title:	STD	( ) Delete
Name:	HICKS, LARRY K	
Address:	2312 MALYSA PLACE	
City-St-Zip:	PENSACOLA, FL 32504 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM A MORRISON PD 04/18/2008

Electronic Signature of Signing Officer or Director — Date