


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # N01000005461	
1. Entity Name	
BACK TO THE BASICS TRANSITIONAL MINISTRIES, INC.	

Principal Place of Business	Mailing Address
7844 BAY MEADOWS DR PENSACOLA FL 32507	P O BOX 16613 PENSACOLA FL 32507-6613

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/04)

4. FEI Number	59-3732947	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------	---------------------------------------

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SANDERS, JOHN 7844 BAY MEADOWS DR PENSACOLA FL 32507	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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	CARNES, ALLEN	NAME	U000000329020
STREET ADDRESS	5403 KEE MEMORIAL DR	STREET ADDRESS	04/25/05-80100-020 61.25
CITY - ST - ZIP	PENSACOLA FL 32507	CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	BECKER, JACK	NAME	
STREET ADDRESS	33197 N PICKENS AVE	STREET ADDRESS	
CITY - ST - ZIP	LILLIAN AL 36549	CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	SANDERS, JOHN	NAME	
STREET ADDRESS	7844 BAY MEADOWS DR	STREET ADDRESS	
CITY - ST - ZIP	PENSACOLA FL 32507	CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	OBRIEN, JOHN	NAME	
STREET ADDRESS	6011 THISTLE DOWN RD	STREET ADDRESS	
CITY - ST - ZIP	PENSACOLA FL 32505	CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	CRITCHITT, PAUL	NAME	
STREET ADDRESS	2198 WHITE PINES DR	STREET ADDRESS	
CITY - ST - ZIP	PENSACOLA FL 32526	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
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 exemption stated in Section 119.07(3)(f), 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 647, Florida Statutes, and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN SANDERS 4/22/05 850 456 0898
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #