

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 20, 2004 8:00 am**  
**Secretary of State**

01-20-2004 90080 045 \*\*\*\*61.25

**DOCUMENT # N01000006009**

1. Entity Name  
**PENSACOLA BAY MINISTRIES, INC.**



Principal Place of Business  
**25 WEST CEDAR ST, #500  
PENSACOLA, FL 32501**

Mailing Address  
**25 WEST CEDAR ST, #500  
PENSACOLA, FL 32501**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

01092004 Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-3741008**

Applied For  
Not Applicable

Zip  
**32502**

Country

Zip  
**32502**

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LOTT, PATRICIA  
25 WEST CEDAR ST, #500  
PENSACOLA, FL 32501**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL** Zip Code  
**32502**

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, 2004**

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 ☐ Delete  
NAME **BELL, JACIE**  
STREET ADDRESS **4040 SOUNDPOINTE DR**  
CITY-ST-ZIP **GULF BREEZE, FL 32561**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **LOTT, PATRICIA**  
STREET ADDRESS **25 WEST CEDAR ST, #500**  
CITY-ST-ZIP **PENSACOLA, FL 32501**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP **32502**

TITLE ☐ Delete  
NAME **WOOD, PAM**  
STREET ADDRESS **301 NAVARRE ST**  
CITY-ST-ZIP **GULF BREEZE, FL 32501**

TITLE ☒ Change ☐ Addition  
NAME **FIEBIG, PAM**  
STREET ADDRESS **2707 SANDY CIRCLE**  
CITY-ST-ZIP **COLLEGE STATION, TX 77845**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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)(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

**1/9/04**

**850-469-1088**

Date

Daytime Phone #