


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000007894	
1. Entity Name APOSTOLIC FAITH RESCUE MISSION OF PENSACOLA INC.	

Principal Place of Business 5534 SUN VALLEY PENSACOLA, FL 32505	Mailing Address 5534 SUN VALLEY PENSACOLA, FL 32505
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04202005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 30-0126586	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MOULTRIE, FRED 5534 SUN VALLEY PENSACOLA, FL 32505
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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 NAME STREET ADDRESS CITY-ST-ZIP	DP CARTY, SARAH E 5534 SUN VALLEY PENSACOLA, FL 32505
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV STEPHEN, DEBORAH 5534 SUN VALLEY PENSACOLA, FL 32505
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT DONALDSON, EUTHELMA M 5534 SUN VALLEY PENSACOLA, FL 32505
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WILLIAMSN, LOUISA 5534 SUN VALLEY PENSACOLA, FL 32505
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOULTRIE, FRED 5534 SUN VALLEY PENSACOLA, FL 32505
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/22/05-80088-022 70.00

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: *Sarah E. Carty* **SARAH E CARTY**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/05
Date

850-434-5200
Daytime Phone #