

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 04, 2008 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**



01222008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**30-0126586**

Applied For  
Not Applicable

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

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

**MOULTRIE, FRED  
5534 SUN VALLEY  
PENSACOLA, FL 32505**

**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, 2008**

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  
WILLIAMSON, 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  
**DP  
CARTY, SARAH E  
5534 SUN VALLEY  
PENSACOLA, FL 32505**

U00000813295  
02/12/08-80084-004 70.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SARAH E CARTY

2/1/08

Date

850-432-5200

Daytime Phone #