

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009736

FILED
Feb 26, 2006
Secretary of State

Entity Name: PENSACOLA FAITH BASE INITIATIVE COALITION, INC.

Current Principal Place of Business:

1603 NORTH 58 AVE
PENSACOLA, FL 32506

New Principal Place of Business:

Current Mailing Address:

1603 NORTH 58 AVE
PENSACOLA, FL 32506

New Mailing Address:

FEI Number: 45-0525321

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HERRING, JOSEPH L
211 W LAKEVIEW ST
PENSACOLA, FL 32501 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: PD () Delete
Name: BRIGHT, WILLIE A
Address: 8239 GRACELAND AVE
City-St-Zip: PENSACOLA, FL 32504

Title: D () Delete
Name: JACKSON, DEBORAH
Address: 5701 TONAWANRA DR.
City-St-Zip: PENSACOLA, FL 32506

Title: D () Delete
Name: POWELL, RAY A
Address: 2915 GADSDEN ST
City-St-Zip: PENSACOLA, FL 32505

Title: D () Delete
Name: HERRING, JEROME
Address: 6028 CHICAGO ST
City-St-Zip: PENSACOLA, FL 32525

Title: D () Delete
Name: BROWN, JAMES
Address: 1988 PAULING ST
City-St-Zip: PENSACOLA, FL 32533

Title: D () Delete
Name: LIMDSEY, FRED
Address: 1102 E TUNIS ST
City-St-Zip: PENSACOLA, FL 32503

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: D (X) Change () Addition
Name: ERINKITOLA, MARTHA
Address: 1201 NORTH
City-St-Zip: PENSACOLA, FL 32505

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

I hereby certify that the information supplied with this filing does not qualify for the 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: JOSEPH L. HERRING

MNG

02/26/2006

Electronic Signature of Signing Officer or Director

Date