## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # N(

N03492

(8)

## SOUL'S HARBOR FREE WILL BAPTIST CHURCH, INCORPOR

| 527 | 7 E. 10 MILE ROAD     |
|-----|-----------------------|
| US  | NSACOLA FL 32514-1527 |
|     | B fallia - A -lala    |

## FILED Feb 03 1998 8:00am Secretary of State



Applied For

06/07/1984

4. FEI Number

|   |                     |             |                     |                     |                     |               |                  |              |             |  | 59-2212302                                    |              | N                                       | ot Applicable |
|---|---------------------|-------------|---------------------|---------------------|---------------------|---------------|------------------|--------------|-------------|--|---|--------------|---|---------------|
| Principal Place of Business     The Principal Place of Business     The Principal Place of Business   |                     |             |                     | 2a. Mailing Address |                     |               |                  |              |             | 5. Certificate of Status Desired                           |   | T            | Additional<br>equired                   |               |
|   | Suite, Apt. #, etc. |             |                     |                     | Suite, Apt. #, etc. |               |                  |              |             |  | 6. Election Campaign Financin                 | ]            | \$5.00                                  |               |
| 22  |                     |             | ſ                   | 27                  |                     |               |                  |              |             | Trust Fund Contribution                                    |   | Added to     |   |               |
| City & State  |                     |             |                     | City & State        |                     |               |                  |              |             | 7. Is this nonprofit corporation a homeowners association? |   |              |   |               |
| 23  |                     |             |                     | 28                  |                     |               |                  |              |             | Yes [  | □ No  |              |   |               |
| Zip   | Country Zip Cou     |             |                     |                     |                     |               | Country          | 1            |             | 8. This corporation owes or has                            | paid the cu                                   | rent year In | tangible                                |               |
| 24  | 25                  |             |                     |                     |                     |               | 30               |              |             |  | Personal Property Tax due June 30. 🔲 Yes 🔲 No |              |   |               |
| Name and Address of Current Registered Agent  |                     |             |                     |                     |                     |               |                  | _            |             | 10. Name and Address of New                                | Registered                                    | Agent        |   |               |
|   |                     |             |                     |                     |                     |               |                  | 81           | ١           | vame v   |   |              |   |               |
| WADDELL, MICHAEL  |                     |             |                     |                     | 82 Stre             |               |                  | 3            | treet Addre | ss (P.O. Box Number is Not Accer                           | table)  |              | * |               |
| 523 E. 10 MILE RD.  |                     |             |                     |                     | į                   |               |                  | L            |             |  |   |              |   |               |
| PENSACOLA FL 32534  |                     |             |                     |                     |                     | 83            |                  |              |             |  |   |              |   |               |
| :   |                     |             |                     |                     |                     |               |                  | 84           | C           | City   |   | FL           | 85 Zip                                  | Code          |
| 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am lamiliar with, and accept the obligations of, Section 617.0503, Florida Statutes. |                     |             |                     |                     |                     |               |                  |              |             |  |   |              |   |               |
| SIGNATURE _   | Slavetra broad      | or prin     | ted name of registr | ored space see      | d titla if or       | onlicable (NC | TE: Regis        | stered Acc   | ant o       | ionature required  | d when reinstating)                           | DATE         |   |               |
| Signature, typed or printed name of registered agent and title if applicable. (ft  12. OFFICERS AND DIRECTORS   |                     |             |                     |                     |                     |               |                  | 13.          |             |  | ADDITIONS/CHANGES TO OF                       |              | DIRECTOR                                | RS IN 12      |
| TITLE   | D                   |             |                     |                     |                     | DELETE        | 1                | 1.1 TITLE    |             |  |   |              | Change                                  | ☐ Addition    |
| NAME  | WADDE               | L, A        | AICHAEL.            |                     |                     |               | 1                | I.2 NAME     |             |  |   |              |   |               |
| STREET ADDRESS  | 523 E 10            | O MI        | LE RD               |                     |                     |               | 1                | I.3 STREET   | ADD         | DRESS  |   |              |   |               |
| CITY-ST-ZIP   | PENSACOLA FL        |             |                     |                     |                     |               | ,                | I.4 CITY-S   | T-ZI        | le l   |   |              |   |               |
| TITLE   | D                   |             |                     |                     |                     | DELETE        | 2.1 TITLE        |              |             |  |   | Change       | Addition                                |               |
| NAME  | WALKER, HUGH W      |             |                     |                     |                     |               | 2.2 NA           |              |             |  |   |              |   |               |
| STREET ADDRESS  | RESS 131 CRAFT ST   |             |                     |                     |                     | 2.3 \$        |                  |              | ADD         | ORESS  |   |              |   | ł             |
| CITY-ST-ZIP   | PENSACOLA FL        |             |                     |                     |                     | 2             | 2. 4 CITY-ST-ZIP |              |             |  |   |              |   |               |
| TITLE   | T                   |             | <u> </u>            |                     |                     | DELETE        | 3                | 3.1 TITLE    |             |  |   |              | Change                                  | ☐ Addition    |
| NAME  | CROSS,              | RO          | GER                 |                     |                     |               | 3                | 2 NAME       |             |  |   |              |   |               |
| STREET ADDRESS  | 1167 KA             | THL         | een ave             |                     |                     |               | 3                | .3 STREET    | ADD         | RESS   |   |              |   |               |
| CITY-ST-ZIP   | CANTON              | <u>imei</u> | VT FL               |                     |                     |               | 3                | .4. CITY - S | T-Z         | gP P   |   |              |   |               |
| TITLE   |                     |             |                     |                     |                     | DELETÉ        | 4                | L1 TITLE     |             |  |   |              | Change                                  | ☐ Addition    |
| NAME  |                     |             |                     |                     |                     |               | 4                | . 2 NAME     |             |  |   |              |   |               |
| STREET ADDRESS  |                     |             |                     |                     |                     |               | 4                | .3 STREET    | ADD         | DRESS  |   |              |   |               |
| CITY-ST-ZIP   |                     |             |                     |                     |                     |               | 4                | 4 CITY-S     | T- ZI       | P  |   |              |   |               |
| TITLE   |                     |             |                     |                     |                     | DELETE        | 5.               | .1 TITLE     |             |  |   |              | Change                                  | Addition      |
| NAME  |                     |             |                     |                     |                     |               | 5                | .2 NAME      |             |  |   |              |   |               |
| STREET ADDRESS  |                     |             |                     |                     |                     |               | 5                | 3 STREET     | ADO         | DRESS  |   |              |   | ì             |

14. 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 annual report or supplemental annual 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 truestee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

5.4 CITY - ST - ZIP

6.3 STREET ADDRESS

6.1 TITLE 6.2 NAME

☐ DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

1-12-98

850-494-2205

Change