

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000003799

1. Entity Name
PENSACOLA BLVD. CHURCH OF CHRIST, INC.



Principal Place of Business
10050 PENSACOLA BLVD
PENSACOLA, FL 32504

Mailing Address
10050 PENSACOLA BLVD
PENSACOLA, FL 32504

FILED
Feb 05, 2007 08:00 AM
Secretary of State



01242007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2164493

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GREEN, JOHN
9024 BELLINGTON RD
PENSACOLA, FL 32534

**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, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U00000624015
02/14/07-80013-025 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
D
HARRIS, BILLY
STREET ADDRESS
1701 HWY 29 N
CITY-ST-ZIP
CANTONMENT, FL 32533

TITLE
NAME
DR
MORRIS, MILES
STREET ADDRESS
610 PINEY LANE
CITY-ST-ZIP
CANTONMENT, FL 32533

TITLE
NAME
D
GROEN, JOHN
STREET ADDRESS
9024 BELLINGTON RD
CITY-ST-ZIP
PENSACOLA, FL 32534

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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:

Billy Harris

Billy Harris

1/15/07

850-968-2307

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #