

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

FILED
Jan 10, 2008 8:00 am
Secretary of State

01-10-2008 90010 030 ****61.25

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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**



01052008 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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

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

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

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

TITLE
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TITLE
NAME
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CITY-ST-ZIP

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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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/08 *850 968-2307*
Date Daytime Phone #