

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004167

FILED  
Apr 02, 2012  
Secretary of State

**Entity Name:** WARRINGTON MINISTRIES INC.

**Current Principal Place of Business:**

901 WAYNE AVE  
PENSACOLA, FL 32507

**New Principal Place of Business:**

**Current Mailing Address:**

901 WAYNE AVE  
PENSACOLA, FL 32507

**New Mailing Address:**

FEI Number: 56-2576574

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MCKEEHAN, LARRY  
8630 MESSICK ST.  
APT A  
PENSACOLA, FL 32534 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: P  
Name: MCKEEHAN, LARRY H  
Address: 8630 MESSICK ST.  
City-St-Zip: PENSACOLA, FL 32534

Title: S  
Name: JERNIGAN, BEVERLY  
Address: 6501 MEMPHIS AVE.  
City-St-Zip: PENSACOLA, FL 32526

Title: T  
Name: JERNIGAN, BEVERLY  
Address: 6501 MEMPHIS AVE.  
City-St-Zip: PENSACOLA, FL 32526

Title: DIR  
Name: SOUTH, BUD  
Address: 8050 BELLE PINES LANE  
City-St-Zip: PENSACOLA, FL 32526

Title: DIR  
Name: CHILDRESS, PEGGY L  
Address: 6997 SAUFLEY PINES RD.  
City-St-Zip: PENSACOLA, FL 32526

Title: DIR  
Name: WERHAN, CLYDE  
Address: 5835 KAISER LANE  
City-St-Zip: PENSACOLA, FL 32507

I hereby 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 all other like empowered.

SIGNATURE: REV. LARRY H. MCKEEHAN

DIR.

04/02/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date