

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 02, 2006 8:00 am
Secretary of State

08-02-2006 90002 025 ****70.00

DOCUMENT # N09501

1. Entity Name
FIRST CORINTHIAN BAPTIST CHURCH, INC.



Principal Place of Business
**1700 W.JACKSON ST.
PENSACOLA, FL 32501**

Mailing Address
**1700 W.JACKSON ST.
PENSACOLA, FL 32501 US**

50023876



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07022006

Chg-NP

CR2E037 (4/06)

City & State

City & State

4. FEI Number
59-2497438

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MILLER, PATRICIA
724 GENTIAN DR
PENSACOLA, FL 32503**

Name **JASON BURROUGHS**

Street Address (P.O. Box Number is Not Acceptable)

600 E. TEXAR DR

City **PENSACOLA**

FL

Zip Code **32503**

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

Jason C. Burroughs

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/23/04

DATE

**Filing Fee is \$61.25
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

T
NAME **STALLWORTH, SHARON** ☒ Delete
STREET ADDRESS **3195 ELCANO LANE**
CITY-ST-ZIP **CANTONMENT, FL 32533**

T
NAME **KINNIS BENDFIELD** ☐ Change ☒ Addition
STREET ADDRESS **7065 MOORE AVE**
CITY-ST-ZIP **PENSACOLA, FL 32524**

C
NAME **MILLER, PATRICIA** ☒ Delete
STREET ADDRESS **1100 SCENIC HWY #3**
CITY-ST-ZIP **PENSACOLA, FL 32503**

T
NAME **EARL ROBERTS** ☐ Change ☒ Addition
STREET ADDRESS **10143 GUIDY LANE**
CITY-ST-ZIP **PENSACOLA, FL 32514**

V
NAME **BURROUGHS, JASON** ☐ Delete
STREET ADDRESS **600 E TEXAR DR**
CITY-ST-ZIP **PENSACOLA, FL 32503**

C
NAME **J** ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

S
NAME **SHOEMAKER, VANESSA** ☒ Delete
STREET ADDRESS **830 LAVON DR.**
CITY-ST-ZIP **PENSACOLA, FL 32506**

T
NAME **JAPORA JAMES** ☐ Change ☒ Addition
STREET ADDRESS **509 NORTH 'K' ST**
CITY-ST-ZIP **PENSACOLA, FL 32501**

T
NAME **TRIPLETT, SHEREE** ☐ Delete
STREET ADDRESS **5825 RINGGOLD DR**
CITY-ST-ZIP **PENSACOLA, FL 32503**

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

S
NAME **JEFFERSON, LAURA** ☐ Delete
STREET ADDRESS **214 ARIOLA AVE**
CITY-ST-ZIP **PENSACOLA, FL 32503**

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Jason C. Burroughs

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #