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May 13 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N09757** (8)

1. Corporation Name

**TANTON MEMORIAL BAPTIST CHURCH, INC.**

Principal Place of Business

Mailing Address

**1041 BLUE ANGEL PKWY  
P.O. BOX 3617  
PENSACOLA FL 32506  
US**

**P.O. BOX 3617  
P.O. BOX 3617  
PENSACOLA FL 32506  
US**

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KERSEY BOB  
729 N 79TH AVE  
909 E CERVANTES ST, SUITE A  
PENSACOLA FL 32506**

81 Name

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

83

84 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 familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **Bob Kersey**

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

**Bob Kersey**

(NOTE: Registered Agent signature required when reinstating)

**4-28-98**

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **PD MC NEELY, WM.**  
STREET ADDRESS **10128 PEPPERTREE CT**  
CITY - ST - ZIP **PENSACOLA FL 32506**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

TITLE ☐ DELETE  
NAME **T GRAHAM, OTIS**  
STREET ADDRESS **3208 COPPER RIDGE CIR**  
CITY - ST - ZIP **CANTONMENT FL**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

TITLE ☐ DELETE  
NAME **T KERSEY, JEAN**  
STREET ADDRESS **729 N 79TH ST.**  
CITY - ST - ZIP **PENSACOLA FL**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

TITLE ☒ DELETE  
NAME **S CATHCES, DELORES**  
STREET ADDRESS **111 MYRTLE WOOD DRIVE**  
CITY - ST - ZIP **PENSACOLA FL**

4.1 TITLE ☐ Change ☒ Addition  
4.2 NAME **Peggy Moore**  
4.3 STREET ADDRESS **21 N Edgewood Circle**  
4.4 CITY - ST - ZIP **PENSACOLA, FL 32506**

TITLE ☒ DELETE  
NAME **T CATHCES, GEORGE**  
STREET ADDRESS **111 MYRTLE WOOD DRIVE**  
CITY - ST - ZIP **PENSACOLA FL**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.1 TITLE ☐ Change ☒ Addition  
6.2 NAME **GARY MOORE**  
6.3 STREET ADDRESS **21 N Edgewood Circle**  
6.4 CITY - ST - ZIP **PENSACOLA, FL 32506**

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 trustee 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.

SIGNATURE: **Rev. William H. McNeely** **Rev. Will H. McNeely**

**850-457-3440**

CR2E037 (10/97)