


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)


FILED
Mar 10, 2004 08:00 AM
Secretary of State

DOCUMENT # N14231 1. Entity Name WALNUT AVENUE BAPTIST CHURCH, INCORPORATED	
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Principal Place of Business WALNUT AVE. BAPTIST CHURCH 8645 WALNUT AVE PENSACOLA FL 32534	Mailing Address WALNUT AVE. BAPTIST CHURCH 8645 WALNUT AVE PENSACOLA FL 32534
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

	
MOORE	CR2E037 (11/03)
4. FEI Number 59-2656586	Applied For <input type="checkbox"/> Not Applicable

6. Name and Address of Current Registered Agent BUTLER, JAMES T. 2699 W ROBERTS RD CANTONMENT FL 32533	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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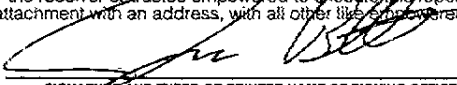
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GLODFELTER, M 8630 ROSE AVE PENSACOLA FL 32534 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 11000000083677 03/10/04-80048-018 61.25
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD PIERCE, SELDON A. 205 WEST PLAZA RD CANTONMENT FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD BUTLER, JAMES T. 2699 W. ROBERTS RD. CANTONMENT FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WILLIAMS, WILLIE H. 8909 FOWLER AVENUE PENSACOLA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 signatures.

SIGNATURE:  James T Butler 3/1/04 850-477-1104