


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

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90072 042 \*\*\*\*61.25

<b>DOCUMENT # N15233</b>	
<b>1. Entity Name</b> AIRPORT BOULEVARD BAPTIST CHURCH INC.	

<b>Principal Place of Business</b> 5918 N DAVIS HWY PENSACOLA FL 32503 US	<b>Mailing Address</b> 530 BARKWOOD DRIVE PACE FL 32571 US
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b> 3439 BARKWOOD DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
<b>City &amp; State</b>	<b>City &amp; State</b> PACE, FL
<b>Zip</b>	<b>Country</b> 32571 SANTA ROSA



MOORE CR2E037 (11/03)

<b>4. FEI Number</b> 59-2313458	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> VOSS, WILLIS M 539 BARKWOOD DRIVE PACE FL 32571	
<b>7. Name and Address of New Registered Agent</b> Name VOSS, WILLIS M. Street Address (P.O. Box Number is Not Acceptable) 3439 BARKWOOD DRIVE City PACE FL Zip Code 32571	

**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 Willis M. Voss **WILLIS M. VOSS (DIRECTOR)**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2004</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<b>TITLE</b> D	<b>NAME</b> VOSS, WILLIS M <b>STREET ADDRESS</b> 530 BARKWOOD DR <b>CITY-ST-ZIP</b> PACE FL 32571 <input type="checkbox"/> Delete	<b>TITLE</b> D	<b>NAME</b> VOSS, WILLIS M. <b>STREET ADDRESS</b> 3439 BARKWOOD DRIVE <b>CITY-ST-ZIP</b> PACE, FL 32571 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> TD	<b>NAME</b> VOSS, WARA B <b>STREET ADDRESS</b> 530 BARKWOOD DRIVE <b>CITY-ST-ZIP</b> PACE FL 32571 <input type="checkbox"/> Delete	<b>TITLE</b> TD	<b>NAME</b> VOSS, WARA B. <b>STREET ADDRESS</b> 3439 BARKWOOD DRIVE <b>CITY-ST-ZIP</b> PACE, FL 32571 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> D	<b>NAME</b> HENDRICKS, GAI; <b>STREET ADDRESS</b> 6061 WALTON ST. <b>CITY-ST-ZIP</b> PENSACOLA FL 32503 <input checked="" type="checkbox"/> Delete	<b>TITLE</b>	<b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> D	<b>NAME</b> NIX, MICHAEL <b>STREET ADDRESS</b> 6036 SADDLE CLUB ROAD <b>CITY-ST-ZIP</b> PACE FL 32571 <input type="checkbox"/> Delete	<b>TITLE</b>	<b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>	<b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b> <input type="checkbox"/> Delete	<b>TITLE</b>	<b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>	<b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b> <input type="checkbox"/> Delete	<b>TITLE</b>	<b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b> <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)(i), 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:** Wara B. Voss **WARA B. VOSS (TREASURER & DIRECTOR)** 3/12/2004 850-994-6588  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #