

DOCUMENT # N15233

1. Entity Name

**AIRPORT BOULEVARD BAPTIST CHURCH INC.****FILED**
Apr 18, 2007 08:00 AM
Secretary of State

Principal Place of Business

Mailing Address

5918 N DAVIS HWY
PENSACOLA FL 32503
US3439 BARKWOOD DR.
PACE FL 32571
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/06)

City & State

City & State

4. FEI Number

59-2313458

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**VOSS, WILLIS N
3439 BARKWOOD DR.
PACE FL 32571

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 20079. 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**

TITLE	D	<input type="checkbox"/> Delete
NAME	VOSS, WILLIS M	
STREET ADDRESS	3439 BARKWOOD DR.	
CITY- ST- ZIP	PACE FL 32571	
TITLE	TD	<input type="checkbox"/> Delete
NAME	VOSS, WARA B	
STREET ADDRESS	3439 BARKWOOD DR.	
CITY- ST- ZIP	PACE FL 32571	
TITLE	D	<input type="checkbox"/> Delete
NAME	NIX, MICHAEL	
STREET ADDRESS	6036 SADDLE CLUB ROAD	
CITY- ST- ZIP	PACE FL 32571	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	U00000715303
CITY- ST- ZIP	04/27/07-80060-006 61.25
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 Section 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:

*Wara B. Voss**4/10/2007*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #