

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # N15233**

1. Entity Name

AIRPORT BOULEVARD BAPTIST CHURCH INC.



Principal Place of Business

5918 N DAVIS HWY  
PENSACOLA, FL 32503 US

Mailing Address

3439 BARKWOOD DR.  
PACE, FL 32571 US



04122008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-2313458

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

VOSS, WILLIS M  
3439 BARKWOOD DR.  
PACE, FL 32571

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

000000906858

05/05/08-80015-007 61.25

10. OFFICERS AND DIRECTORS

TITLE D  
NAME VOSS, WILLIS M  
STREET ADDRESS 3439 BARKWOOD DR.  
CITY-ST-ZIP PACE, FL 32571

TITLE TD  
NAME VOSS, WARA B  
STREET ADDRESS 3439 BARKWOOD DR.  
CITY-ST-ZIP PACE, FL 32571

TITLE D  
NAME NIX, MICHAEL  
STREET ADDRESS 6036 SADDLE CLUB ROAD  
CITY-ST-ZIP PACE, FL 32571

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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: *Wara B. Voss*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/16/2008*

Date

Daytime Phone #