

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

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # N16487

1. Entity Name
JUBILEE CHRISTIAN CENTER OF PENSACOLA, INC.



Principal Place of Business
**5910 NORTH W ST
PENSACOLA, FL 32503-1032 US**

Mailing Address
**5910 NORTH W ST (32505)
P.O. BOX 30269
PENSACOLA, FL 32503-1032 US**



02222008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2695922

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BALLENGER, LINDELL
5008 SKYLARK COURT
PENSACOLA, FL 32505**

**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**

**000000013136
05/08/08-80004-005 61.25**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FOX, TIM 2740 BELL CHRISTIANE PENSACOLA, FL 32503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BALLENGER, DARLENE 5008 SKYLARK COURT PENSACOLA, FL 32505
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILBERT, JAMES L 8917 N. DAVIS HWY., APT. 175 PENSACOLA, FL 32514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENJAMIN, SR., REGINALD 5914 SARAH DR PENSACOLA, FL 32505
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BALLENGER, LEN D 3252 DESERT ST PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAALE, ROBERT 1820 WINDING CREEK CIR CANTONMENT, FL 32533

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LINDELL BALLENGER

4/11/08

Date

850-474-9184

Daytime Phone #