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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 20 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPÓRATIONS

DOCUMENT # N167

(2)

1. Corporation	n Name	1 34	(2)					
ELLYSON BAPTIST CHURCH, INC.								
Principal Place of Business Mailing Address							II. Tibil biti bibi bibi	
8800 NINTH AVE NORTH P O BOX 10495								
PENSACOLA F		PENSACOLA	FL 32524-0495	•				
US		U\$				3. Date Incorporated or Qualified	3a. Date of Last F	
A Delevior D	Jan of Divisions	Lo- 14-95- A	-1-1			09/15/1986	05/01/19	
2. Principal P	lace of Business	~	2e. Mailing Address			4. FEI Number 59-0967822	4. FEI Number Applied For Not Applicab	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. Certificate of Status Desired	□ \$8.75	Additional
22		27					Fee H	equired
City & State		City & St.	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country	Zip				8. This corporation has liability for intangible tax under s. 199.032,		
24	25 29 30				Florida Statutes Yes 🗹 No			
	9. Name and Address of (Current Registered Age	nt	81	Name	10. Name and Address of New Reg	listered Agent	
20000	A 1011111							
ROGERS, JOHN M 5800 LIMESTONE RD				82	Street Address (P.O. Box Number is Not Acceptable)			
PENSACOLA FL 32504				83				
				84	City		85 Zip	Code
					•		 	1
office or r	egistered agent, or both, in the	State of Florida. Such of	hange was auth	ne above	the corpor	orporation submits this statement for the preation's board of directors. I hereby accept	urpose of changing i tithe appointment as	registered
agent. i a SIGNATURE	m tamiliar with, and accept the	obligations of, Section	517.U5U3, FIORIA	a Statutes	•			
`	Signature, typed or printed name of regist		(NOTE: FIE		il signature rec	guited when reinstaling)	DATE	
12.		RS AND DIRECTORS	DELETE	13. 1.1 DILE	——т.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTOI Change	RS IN 12 Addition
TITLE NAME	100		1.2 NAME	-		L Change	☐ voquion li	
STREET ADDRESS				1.3 STREET	ADDRESS			
CITY-ST-ZIP	PENSACOLA FL			1.4 CITY-ST	r-ZIP			
TITLE	VPTR DELET		DELETE	2.1 TITLE			☐ Change	Addition
NAME	WILLIAMSON, MARION H			2.2 NAME	- 1			
STREET ADDRESS	1001			2 3 STREET ADDRESS				
CITY-ST-ZIP TITLE			2. 4 DITY+S 3.1 TITLE	1-ZIY		Change	Addition	
NAME			3.2 NAME			J	-	
STREET ADDRESS	3509 OAK TREE LANE		3.3 STREET	ADDRESS			Ì	
CITY-ST-ZIP	MILTON FL			3.4, CITY-S	T-ZIP			
TITLE		L.	DELETE	4.1 TITLE			Change	Addition
NAME				4.2 NAME	************			
STREET ADDRESS CITY-ST-ZIP				4.3 STREET 4.4 CITY-ST				
TITLE		L	DELETE	5.1 TITLE			Change	Addition
NAME				5.2 NAME			-	
STREET ADDRESS				5.3 STREET	ADDRESS			
CITY-ST-ZIP			105,575	5.4 CITY - ST	- ZIP			4.150
TITLE	1 2 6	L	DELETE	6.1 TITLE	ļ		Change	Addition
NAME CTREET ANDRESS	3			6.2 NAME	ADDOEGO			-
STREET ADDRESS				6.3 STREET	1			
CITY-ST-ZIP				64 DITY-ST	-2IF			

I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the Information Indicated on this annual report or supplemental annual 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 13 if changed, or on an attachment with an address.