

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

**FILED**  
**Mar 13, 2008 8:00 am**  
**Secretary of State**

03-13-2008 90026 024 \*\*\*\*70.00

**DOCUMENT # N18749**

1. Entity Name  
**JOHN THE BAPTIST CHURCH, A CORPORATION NOT  
FOR PROFIT**



Principal Place of Business

101 N. 10TH AVE.  
PENSACOLA, FL 32502 US

Mailing Address

101 N. 10TH AVE.  
PENSACOLA, FL 32502 US

**DO NOT WRITE IN THIS SPACE**



02292008 No Chg-NP

CR2E037 (4/06)

4. FEI Number

59-5524554

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

ROBIN, MCDANIEL C  
5653 ESPERANO  
PENSACOLA, FL 32526

**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**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ABNEY, CARLTON N
STREET ADDRESS	9170 WOODRUN ROAD
CITY - ST - ZIP	PENSACOLA, FL 32514
TITLE	S
NAME	SMITH, VICTOR N
STREET ADDRESS	7228 RAMPART WAY
CITY - ST - ZIP	PENSACOLA, FL 32506
TITLE	T
NAME	MCDANIEL, ROBIN C
STREET ADDRESS	5653 ESPERANO
CITY - ST - ZIP	PENSACOLA, FL 32514
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
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:**

*Victor N Smith*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/29/08 850-455-9092

Date

Daytime Phone #