

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 02, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N31596</b> 1. Entity Name <b>WESTMINSTER PRESBYTERIAN CHURCH OF PENSACOLA, INCORPORATED</b>			
Principal Place of Business <b>C/O GEORGE KESSLER 3626 WEST JACKSON STREET PENSACOLA FL 32505 US</b>		Mailing Address <b>C/O GEORGE KESSLER 3626 WEST JACKSON STREET PENSACOLA FL 32505 US</b>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent  <b>SYKES, THOMAS 1206 POPPY AVE. PENSACOLA FL 32507</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			



1st MOORE CR2E037 (10/04)  
 4. FEI Number **59-1031744** Applied For Not Applicable  
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
--	---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D LAWRENCE, NEWMAN 6601 RICHARDS RD. PENSACOLA FL 32503	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000211725 02/02/05-80132-003 61.25
NAME	LAWRENCE, NEWMAN	NAME	
STREET ADDRESS	6601 RICHARDS RD.	STREET ADDRESS	
CITY - ST - ZIP	PENSACOLA FL 32503	CITY - ST - ZIP	
TITLE	DP SYKES, THOMAS 1206 POPPY AVE. PENSACOLA FL 32507	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SYKES, THOMAS	NAME	
STREET ADDRESS	1206 POPPY AVE.	STREET ADDRESS	
CITY - ST - ZIP	PENSACOLA FL 32507	CITY - ST - ZIP	
TITLE	D MRS JEANNE BELL 4040 GLENWAY DR PENSACOLA FL 32526	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MRS JEANNE BELL	NAME	
STREET ADDRESS	4040 GLENWAY DR	STREET ADDRESS	
CITY - ST - ZIP	PENSACOLA FL 32526	CITY - ST - ZIP	
TITLE	D ELLIS, CELESTE MRS. 3332 VILLEGE GREEN DR MILTON FL 32571	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLIS, CELESTE MRS.	NAME	
STREET ADDRESS	3332 VILLEGE GREEN DR	STREET ADDRESS	
CITY - ST - ZIP	MILTON FL 32571	CITY - ST - ZIP	
TITLE	D DANIEL, RICHARD 1620 W LARUA ST PENSACOLA FL 32501	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANIEL, RICHARD	NAME	
STREET ADDRESS	1620 W LARUA ST	STREET ADDRESS	
CITY - ST - ZIP	PENSACOLA FL 32501	CITY - ST - ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), 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:** Thomas Sykes **Thomas SYKES** 1/31/05 850 432-5083  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #