

**FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT CORPORATION ANNUAL REPORT 1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N33236 (3)**

1. Corporation Name  
**INNER CITY MINISTRIES CHURCH OF PENSACOLA, INC.**



Principal Place of Business: **230 N. BARCELONA PENSACOLA FL 32501**  
Mailing Address: **P.O. BOX 13070 PENSACOLA FL 32591**

3. Date Incorporated or Qualified: **07/14/1989**  
3a. Date of Last Report: **06/15/1995**  
4. FEI Number: **59-2050706**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business  
21 [ ] 22 [ ] 23 [ ] 24 [ ]  
2a. Mailing Address  
26 [ ] 27 [ ] 28 [ ] 29 [ ] 30 [ ]

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**ANDERSON, W.B.  
505 N. BAYLEN APT. 3  
PENSACOLA FL FL**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 [ ]  
84 City  
85 Zip Code **FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ANDERSON, W.B.</b>	
STREET ADDRESS	<b>505 N. BAYLEN APT 3.</b>	
CITY-ST-ZIP	<b>PENSACOLA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>GARDNER, RANDY</b>	
STREET ADDRESS	<b>805 47TH AVEA AVE.</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32506</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>RUIZ, JOSE'</b>	
STREET ADDRESS	<b>618 N. BARCELONA</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32501</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BRUMMET, BRENT</b>	
STREET ADDRESS	<b>222 N. BARCELONA</b>	
CITY-ST-ZIP	<b>PENSACOLA FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: W.B. Anderson **W.B. Anderson** 5-28-96 904-438-5230  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRPE037 (12/95)