


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

**FILED**  
**Apr 10, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N33500</b> 1. Entity Name <b>THE WEST FLORIDA BAPTIST INSTITUTE, INC.</b>	
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Principal Place of Business <b>6812 LILLIAN HWY PENSACOLA, FL 32506 US</b>	Mailing Address <b>6812 LILLIAN HIGHWAY PENSACOLA, FL 32506</b>
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**DO NOT WRITE IN THIS SPACE**



04072008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-2965823</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>MUNOZ, FELIX 5654 MILLIGAN FORD ROAD MILTON, FL 32571</b>
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**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 \_\_\_\_\_ (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 NAME STREET ADDRESS CITY-ST-ZIP	D ROGERS, HERMAN 5313 MORGAN RIDGE DR. MILTON, FL 32571
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOWMAN, CHARLES 5036 GUERNSEY RD MILTON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORTON, PERRY 387 N. 57TH AVE. PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, DEWAYNE 17 ST. REGIS AVE PENSACOLA, FL 32505
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MUNOZ, FELIX CHAIRMA 5654 MILLIGAN FORD ROAD MILTON, FL 32571
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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04/22/08-80082-004 61.25

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:** *Herman Rogers* **DIRECTOR**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/7/2008* *(850) 455-4447*  
Date Daytime Phone #