


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

03-12-2007 90360 039 \*\*\*\*61.25

<b>DOCUMENT # N36511</b> 1. Entity Name PERDIDO BAY BAPTIST CHURCH, INC.					
Principal Place of Business 12600 SORRENTO RD PENSACOLA, FL 32507 US			Mailing Address 12600 SORRENTO ROAD PENSACOLA, FL 32507 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3013524	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BENNETT, REBECCA 1754 BEACHSIDE DRIVE PENSACOLA, FL 32506				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 <i>Rebecca Bennett</i>				DATE <i>3/7/07</i>	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOLLY, TOM		NAME		
STREET ADDRESS	9028 GULF BEACH HWY		STREET ADDRESS		
CITY - ST - ZIP	PENSACOLA, FL 32507		CITY - ST - ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAHONEY, JOHN		NAME		
STREET ADDRESS	5001 TERRA LAKE CR		STREET ADDRESS		
CITY - ST - ZIP	PENSACOLA, FL 32507		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HUGHES, ED		NAME		
STREET ADDRESS	11722 CHANTICLEER DR		STREET ADDRESS		
CITY - ST - ZIP	PENSACOLA, FL 32507		CITY - ST - ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BENNETT, REBECCA		NAME		
STREET ADDRESS	1754 BEACHSIDE DRIVE		STREET ADDRESS		
CITY - ST - ZIP	PENSACOLA, FL 32506		CITY - ST - ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SOUMA, JOHN		NAME		
STREET ADDRESS	120 GUNWALE RD		STREET ADDRESS		
CITY - ST - ZIP	PENSACOLA, FL 32507		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KEARNEY, JOE		NAME		
STREET ADDRESS	16275 N. SHORE DRIVE		STREET ADDRESS		
CITY - ST - ZIP	PENSACOLA, FL 32507		CITY - ST - ZIP		
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: <i>Rebecca L Bennett</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
				Date Daytime Phone #	