

**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 # N41700 (8)  
1. Corporation Name

EAST HILL BAPTIST CHURCH OF PENSACOLA, INC.

Principal Place of Business: C/O E. MELTON DEASON, 1301 E. GADSDEN STREET, PENSACOLA, FL 32501  
Mailing Address: C/O E. MELTON DEASON, 1301 E. GADSDEN STREET, PENSACOLA, FL 32501

3. Date Incorporated or Qualified: 01/16/91  
3a. Date of Last Report: 1-25-95

21	2. Principal Place of Business	2a.	Mailing Address	4.	FEI Number	Applied For	
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	59-0934332		Not Applicable	
23	City & State	27	City & State	5.	Certificate of Status Desired	\$8.75 Additional Fee Required	
24	Zip	28	City & State				
25	Country	29	Zip	6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
26		30	Country				
9. Name and Address of Current Registered Agent				8.			This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

DEASON, E. MELTON  
1301 E. GADSDEN STREET  
PENSACOLA, FL 32501

10. Name and Address of New Registered Agent

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

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEONARD, MARY JANE	1.2 NAME	
STREET ADDRESS	537 BRENT LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32503	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSTON, F. H.	2.2 NAME	
STREET ADDRESS	501 KENILWORTH AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	GULF BREEZE, FL 32561	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOLAN, EARLENE	3.2 NAME	
STREET ADDRESS	2300 AEGEAN TERRACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA, FL 32503	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRASSER, K. JG	4.2 NAME	
STREET ADDRESS	1920 E. LLOYD STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA, FL 32503	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALDON, DOT	5.2 NAME	
STREET ADDRESS	3503 TIBET DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	GULF BREEZE, FL 32561	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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*Signature*

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: *E. Melton Deason* 4-29-96 (904)433-0095  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)