


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 07, 2004 8:00 am**  
**Secretary of State**

04-07-2004 90023 010 \*\*\*\*70.00

**DOCUMENT # N48263**  
 1. Entity Name  
**FIRST BAPTIST CHURCH OF FERRY PASS, INC.**



Principal Place of Business      Mailing Address  
**8351 CAMINITTI LANE**      **8351 CAMINITTI LANE**  
**PENSACOLA FL 32514**      **PENSACOLA FL 32514**

94046551



MOORE CR2E037 (11/03)

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country

4. FEI Number      Applied For  
**59-2926036**      Not Applicable  
 5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**JONES, LEUAUGHN**  
**1208 N. 13TH AVE**  
**PENSACOLA FL 32503**

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

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	JONES LEVAUGHN	<input type="checkbox"/> Delete
NAME		1208 N. 13TH AVE	
STREET ADDRESS		PENSACOLA FL	
CITY-ST-ZIP			
TITLE	D	FAILS, JOSEPH, SR.	<input type="checkbox"/> Delete
NAME		8347 CAMINITTI LANE	
STREET ADDRESS		PENSACOLA FL	
CITY-ST-ZIP			
TITLE	D	HARRIS, MARYBELLE	<input type="checkbox"/> Delete
NAME		3010 PARAZINE ST.	
STREET ADDRESS		PENSACOLA FL	
CITY-ST-ZIP			
TITLE	D	HARRIS, THOEDORE	<input type="checkbox"/> Delete
NAME		3403 WEST LEE ST.	
STREET ADDRESS		PENSACOLA FL	
CITY-ST-ZIP			
TITLE	D	HAWKINS, DARRELL	<input type="checkbox"/> Delete
NAME		3014 PARAZINE STREET	
STREET ADDRESS		PENSACOLA FL 32514	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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:** Rob. Levaughn Jones      4/4/04      \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #