


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 14, 2007 8:00 am**  
**Secretary of State**

06-14-2007 90002 011 \*\*\*\*70.00

<b>DOCUMENT # N48263</b>	
1. Entity Name FIRST BAPTIST CHURCH OF FERRY PASS, INC.	

Principal Place of Business 8351 CAMINITTI LANE PENSACOLA, FL 32514	Mailing Address 8351 CAMINITTI LANE PENSACOLA, FL 32514
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

05252007 Chg-NP CR2E037 (12/06)

City & State	City & State		
Zip	Country	Zip	Country

4. FEI Number 59-2926036	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
HARRIS, THEODORE 3403 WEST LEE ST. PENSACOLA, FL 32505	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 \_\_\_\_\_ DATE \_\_\_\_\_  
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 September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CALDWELL, PARIS			NAME	Crenshaw, Willard		
STREET ADDRESS	1218 SEAMARGE LN.			STREET ADDRESS	907 S. MADISON BL		
CITY-ST-ZIP	PENSACOLA, FL 32507			CITY-ST-ZIP	PENSACOLA, FL 32505		
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAWKINS, JOSEPH JR.			NAME			
STREET ADDRESS	471 MAPLELEAF CIR.			STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA, FL 32514			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARRIS, MARYBELLE			NAME			
STREET ADDRESS	3010 PARAZINE ST.			STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA, FL 32514			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARRIS, THOEDORE			NAME			
STREET ADDRESS	3403 WEST LEE ST.			STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA, FL 32505			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAWKINS, DARRELL			NAME			
STREET ADDRESS	3014 PARAZINE STREET			STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA, FL 32514			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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:** Joseph Hawkins, Jr. 6-10-07 850-477-4435  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #