


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90182 046 ****61.25

| | | | | |
|---|---------|---|---------|---|
| DOCUMENT # N93000005281 | | | |  |
| 1. Entity Name LANDMARK MISSIONARY BAPTIST CHURCH OF PENSACOLA, INC. | | | | |
| Principal Place of Business 7622 W. LILLIAN HWY. PENSACOLA FL 32506 | | Mailing Address 7622 W. LILLIAN HWY. PENSACOLA FL 32506 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | |
| City & State | | City & State | | |
| Zip | Country | Zip | Country | |



1st MOORE CR2E037 (10/06)

| | | | |
|---|--|--|--|
| 6. Name and Address of Current Registered Agent ADAMS, W. L. 7622 LILLIAN HIGHWAY PENSACOLA FL 32506 | | 7. Name and Address of New Registered Agent Name <u>DEWAYNE WILLIAMS</u> Street Address (P.O. Box Number is Not Acceptable) <u>17 ST. REGIS DR.</u> City <u>PENSACOLA</u> FL Zip Code <u>32505</u> | |
|---|--|--|--|

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 DeWayne Williams DeWayne Williams 4/16/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when constituting) DATE

| | | |
|--|--|--|
| FILE NOW: FEE IS \$61.25 Due By May 1, 2007 | 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 |
|--|--|--|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP T PHILLEY, TROY 3020 BRENT OAKS DRIVE PENSACOLA FL | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP T SCOTT, STEPHEN B 802 N. 75th AVE. PENSACOLA FL 32506 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP D WILLIAMS, DWAYNE 17 ST. REGIS DR. PENSACOLA FL 32505 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP _____ _____ _____ _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP T CARNEY, JOHN 5775 TALQUIN AVE PENSACOLA FL 32526 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP _____ _____ _____ _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP _____ _____ _____ _____ | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP _____ _____ _____ _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP _____ _____ _____ _____ | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP _____ _____ _____ _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: DeWayne Williams DEWAYNE WILLIAMS 4/16/07 850-457-3741
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #