

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # N94000001906		
1. Entity Name BARIN FIELD MISSIONARY BAPTIST YOUTH CAMP, INC.		

Principal Place of Business 6704 FABIANO STREET PENSACOLA FL 32506	Mailing Address 6704 FABIANO ST PENSACOLA FL 32506
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent

SOUTHERN, RICHARD 5908 FOSTER STREET PENSACOLA FL
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4. FEI Number **58-2129577** Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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 RICHARD SOUTHERN Richard Southern 2/3/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. ☐ \$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 NAME STREET ADDRESS CITY-ST-ZIP	PT SOUTHERN, RICHARD 5908 FOSTER ST PENSACOLA FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000423408 02/18/06-80006-021 61.25	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT WILLIAMSON, JOHN M 7400 FABIANO ST PENSACOLA FL 32526	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GREESON, SANDY 1341 GRACE AVENUE PANAMA CITY FL 32401	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RAY, SANDRA D 6704 FABIANO ST PENSACOLA FL 32506	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WILLIAMS, ALBERT D 17 ST REGIS DR PENSACOLA FL 32505	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Add

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.