


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 25, 2005 8:00 am
Secretary of State

03-25-2005 90025 016 ****61.25

DOCUMENT # N95000004346					
1. Entity Name FIRST FREE WILL BAPTIST CHURCH OF PENSACOLA, INC.					
Principal Place of Business % S.A.A. 412 WIGGINS AVE PENSACOLA FL 32505		Mailing Address % S.A.A. 412 WIGGINS AVE PENSACOLA FL 32505			
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 59-3380995	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PINSON, JOHN 7002 BELGIUM CIRCLE PENSACOLA FL 32526			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		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	D PINSON, JOHN	<input type="checkbox"/> Delete	TITLE	P Ryan Clements	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	7002 BELGIUM CIRCLE		NAME	3015 Boulder RD	
STREET ADDRESS	PENSACOLA FL 32526		STREET ADDRESS	Pensacola FL 32526	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D PINSON, LINDA L	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7002 BELGIUM CIR.		NAME		
STREET ADDRESS	PENSACOLA FL 32526		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D RIGBY, PATRICIA	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5814 DALLAS AV.		NAME		
STREET ADDRESS	PENSACOLA FL 32526		STREET ADDRESS		
CITY-ST-ZIP			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		
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		
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		



1st MOORE CR2E037 (10/04)

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: John Pinson John Pinson Date: 3-21-05 Daytime Phone #: 850 944 4933