

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 16, 2006 08:00 AM
Secretary of State

DOCUMENT # N96000000636

1. Entity Name
BLUE ANGEL BAPTIST CHURCH, INC.



Principal Place of Business
**10900 HWY. 98 WEST
PENSACOLA, FL 32506**

Mailing Address
**10900 HWY. 98 WEST
PENSACOLA, FL 32506**



03062006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
59-3378142

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ARENBERG, JAMES D
2013 CORAL STREET
PENSACOLA, FL 32506**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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

**U00000469675
03/27/06-80009-021 61.25**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DC
ARENBERG, J D
2013 CORAL ST
PENSACOLA, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VCD
ARENBERG, JD
2013 CORAL ST
PENSACOLA, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FLANNERY, MARGARET
914 BARTOW AVE
PENSACOLA, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DCT
LINDSEY, LINDA
690 NIX RD
PENSACOLA, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VCD
MORRIS, FLOYD D
1422 N BORDER ST
PENSACOLA, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 officers empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

13 Mar 2006 452-5344