

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N96000000991

1. Entity Name
KLONDIKE BAPTIST CHURCH, INC.



Principal Place of Business
7201 KLONDIKE RD.
PENSACOLA, FL 32526

Mailing Address
7201 KLONDIKE RD.
PENSACOLA, FL 32526

FILED
Jul 14, 2008 08:00 AM
Secretary of State



07092008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
59-3174481

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DANIEL, J. NIXON
3 W. GARDEN ST.
SUITE 600
PENSACOLA, FL 32501

**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 reinstating)

DATE _____

**Filing Fee is \$61.25
Due by September 12, 2008**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DC
COBB, JOHN
4711 COCHISE ST
PENSACOLA, FL 32526

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SEARLES, RICHARD
8830 N. EIGHT MILE CREEK RD.
PENSACOLA, FL 32534

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WEST, CLARENCE
10446 TOWER RIDGE RD
PENSACOLA, FL 32526

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MCGUIRE, TOM
726 LAKEWOOD DR.
PENSACOLA, FL 32507

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000954583
07/14/08-80007-012 61.25

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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 like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/9/08
Date

850-944-3669
Daytime Phone #