


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

**FILED**  
**Feb 14, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N99000002258**

1. Entity Name  
**BEACH HAVEN BAPTIST CHURCH, INC.**



Principal Place of Business      Mailing Address

**821 WINTON AVENUE  
WARRINGTON FL 32507  
US**


**821 WINTON AVENUE  
WARRINGTON FL 32507  
US**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt #, etc.

City & State      City & State

Zip      Country      Zip      Country



1st MOORE      CR2E037 (10/04)

4. FEI Number      Applied For

**59-2493997**      Not Applicable

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

6. Name and Address of Current Registered Agent

**CURRY, BOBBY LEE  
3000 SELMA STREET  
PENSACOLA FL 32507**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25 Due By May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.            **\$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	PD NELSON, CLARENCE A 1701 AUGUSTA AVE PENSACOLA FL 32507 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000228883 02/14/05-80055-020 61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD COKER, ROBERT H 2106 BAINBRIDGE AVENUE PENSACOLA FL 32507 <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	VPD CARRIOTT, JIM 1030 JWAN RD. PENSACOLA FL 32506 <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	TD CURRY, BOBBY L 3000 SELMA STREET PENSACOLA FL 32507 <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	S CURRY, ROBERTA A 3000 SELMA STREET PENSACOLA FL 32507 <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	VPD PUZOS, TONY 646 WHITNEY DR. PENSACOLA FL 32503 <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 exemption stated in Section 119.07(3)(f), 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: Bobby L. Curry      Bobby L Curry      02/10/05      (850) 456-2375

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #