## 2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Aug 09, 2004 8:00 am Secretary of State DOCUMENT # N99000005129 08-09-2004 90010 045 \*\*\*\*61.25 MOBILE HIGHWAY BAPTIST CHURCH, INC. Principal Place of Business Mailing Address 9721 MOBILE HWY 9721 MOBILE HWY PENSACOLA FL 32526 PENSACOLA FL 32526 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (4/04) Applied For 4. FEI Number City & State-City & State 59-1737852 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GIBSON, JAMES W JR. Street Address (P.O. Box Number is Not Acceptable) 7227 SHELBY LANE PENSACOLA FL 32526 City 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 9. Election Campaign Financing Make Check Payable to. \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State Due By September 8, 2004 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10 ☐ Addition Change ☐ Delete TITLE TITLE GIBSON, JAMES-WILMOTH NAME NAME 7227 SHELBY LANE STREET ADDRESS STREET ADDRESS PENSACOLA FL 32526 CITY-ST-ZIP -CITY - ST- ZIP ☐ Change ■ Addition TITLE □ Defete TITLE SMITH, JULIE ROSSING NAME NAME 5777 WINDEMERE TRACE STREET ADDRESS STREET ADDRESS PENSACOLA FL 32571 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE LAWSON, CARL G JR NAME NAME 8130 MOBILE HWY STREET ADDRESS STREET ADDRESS PENSACOLA FL 32526 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP

James W. Gibson, TR.

**FILED**