

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham,
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V73702** (5)

1. Corporation Name

ENGLEWOOD BAPTIST CHURCH EARLY EDUCATION CENTER, INC.

Principal Place of Business

**1240 WEST SCOTT STREET
PENSACOLA FL 32501**

Mailing Address

**1240 WEST SCOTT STREET
PENSACOLA FL 32501**

FILED
May 01, 1996 08:00 AM
Secretary of State



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**HOLMES, LARRY T.
1109 HUNTSMAN CIRCLE
PENSACOLA FL 32514**

3. Date Incorporated or Qualified

10/21/1992

3a. Date of Last Report

06/13/1995

4. FEI Number

59-2803988

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is not acceptable)

83

84 City

85 Zip Code

11. Pursuant to the provisions of Sections 607.0507 and 607.1506, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0507, Florida Statutes.

SIGNATURE

Larry T. Holmes

5/1/96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D PATTON, CAROLYN**
STREET ADDRESS **7720 FIESTA DRIVE**
CITY-STATE-ZIP **PENSACOLA FL**

TITLE ☐ DELETE
NAME **D PATTON, CAROLYN**
STREET ADDRESS **7702 FIESTA DRIVE**
CITY-STATE-ZIP **PENSACOLA FL**

TITLE ☐ DELETE
NAME **D SINKFIELD, ELMYRA**
STREET ADDRESS **4470 SPANISH TRAIL**
CITY-STATE-ZIP **PENSACOLA FL**

TITLE ☐ DELETE
NAME **D MILLENDER, LUCILLE**
STREET ADDRESS **11 SPRUCE STREET**
CITY-STATE-ZIP **PENSACOLA FL**

TITLE ☐ DELETE
NAME **D FRYE, KAREN**
STREET ADDRESS **7850 ATLAS STREET**
CITY-STATE-ZIP **PENSACOLA FL**

TITLE ☐ DELETE
NAME **D SINKFIELD, JOSEPHINE**
STREET ADDRESS **2100 WEST CROSS STREET**
CITY-STATE-ZIP **PENSACOLA FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 or person empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment, with an address.

SIGNATURE:

Larry T. Holmes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/96

434/1440

CR2E034 (12/95)