

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Mar 09 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/21/1992

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		59-2803988		Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**WATSON, LARRY
2501 LONGLEAF DR.
PENSACOLA FL 36612**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PATTON, CAROLYN		1.2 NAME	Billy McLamb			
STREET ADDRESS	7720 FIESTA DRIVE		1.3 STREET ADDRESS	3800 D Ward Blvd.			
CITY-ST-ZIP	PENSACOLA FL		1.4 CITY-ST-ZIP	PENSACOLA, FL			
TITLE	D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	PATTON, CAROLYN		2.2 NAME	Debra Saunders			
STREET ADDRESS	7702 FIESTA DRIVE		2.3 STREET ADDRESS	2593 Wyndham Place			
CITY-ST-ZIP	PENSACOLA FL		2.4 CITY-ST-ZIP	Pensacola, FL 32506			
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SINKFIELD, ELMYRA		3.2 NAME				
STREET ADDRESS	4470 SPANISH TRAIL		3.3 STREET ADDRESS				
CITY-ST-ZIP	PENSACOLA FL		3.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MILLENDER, LUCILLE		4.2 NAME				
STREET ADDRESS	11 SPRUCE STREET		4.3 STREET ADDRESS				
CITY-ST-ZIP	PENSACOLA FL		4.4 CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FRYE, KAREN		5.2 NAME				
STREET ADDRESS	7850 ATLAS STREET		5.3 STREET ADDRESS				
CITY-ST-ZIP	PENSACOLA FL		5.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SINKFIELD, JOSEPHINE		6.2 NAME				
STREET ADDRESS	2100 WEST CROSS STREET		6.3 STREET ADDRESS				
CITY-ST-ZIP	PENSACOLA FL		6.4 CITY-ST-ZIP				

14. 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 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 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 in an attachment with an address.

SIGNATURE: *Billy McLamb*

3/27/98

CP2E034 (10/97)