

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90036 015 \*\*\*150.00

DOCUMENT # V73702

1. Entity 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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2803988

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

1st MOORE

CR2E034 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WATSON, LARRY  
2501 LONGLEAF DR.  
PENSACOLA FL 36612

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2007 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE: S ☐ Delete  
NAME: PENN, ETHEL  
STREET ADDRESS: 2097 TUJAQUES PL  
CITY- ST- ZIP: PENSACOLA FL 32505

TITLE: P ☒ Delete  
NAME: SAUNDERS, DEBRA  
STREET ADDRESS: 2593 GRNEPARK PLACE  
CITY- ST- ZIP: PENSACOLA FL 32526

TITLE: O ☒ Delete  
NAME: SINKFIELD, ELMYRA  
STREET ADDRESS: 4470 SPANISH TRAIL  
CITY- ST- ZIP: PENSACOLA FL

TITLE: V ☐ Delete  
NAME: MILLENDER, LUCILLE  
STREET ADDRESS: 11 SPRUCE STREET  
CITY- ST- ZIP: PENSACOLA FL

TITLE: P ☐ Delete  
NAME: WATSON, LARRY  
STREET ADDRESS: 2501 LONGLEAF DRIVE  
CITY- ST- ZIP: PENSACOLA FL 36612

TITLE: ☐ Delete  
NAME: Tracy Brantley  
STREET ADDRESS: 7111 North Bayshore Pkwy Apt 212  
CITY- ST- ZIP: Pensacola, FL 32526

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY- ST- ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY- ST- ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY- ST- ZIP:

TITLE: President ☒ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY- ST- ZIP:

TITLE: CEO ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY- ST- ZIP:

TITLE: Treasurer ☐ Change ☒ Addition  
NAME:  
STREET ADDRESS:  
CITY- ST- ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 607, 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

4/15/07 8:00 332-706-7  
Date Daytime Phone #