


FILE NOW: FILING FEE IS \$61.25

FILED
Jan 27, 1999 8:00am
Secretary of State

0071904

01-27-1999 90037 030 *****61.25

| | | |
|---|---|--|
| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # 729049

1. Corporation Name
COMMUNITY MISSIONARY BAPTIST CHURCH OF PENSACOLA INC.

| | |
|--|--|
| Principal Place of Business 2610 W LEONARD ST PENSACOLA FL 32505 US | Mailing Address C/O HENRY O. LEWIS 2610 W LEONARD ST PENSACOLA FL 32505 |
|--|--|



| | | | | | |
|--|---|--|---|---|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25 | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30 | 3. Date Incorporated or Qualified 03/12/1974 | 4. FEI Number 59-2383724 Applied For Not Applicable | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
|--|---|--|---|---|--|

| | | | |
|--|--|---|--|
| 9. Name and Address of Current Registered Agent LEWIS, HENRY Q. 3205 SANDY LN. PENSACOLA FL FL 32526 | | 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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE | D <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LANCASTER, GAREY | 1.2 NAME | |
| STREET ADDRESS | 5830 AVONDALE RD | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | PENSACOLA FL | 1.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BURT, RYAN | 2.2 NAME | |
| STREET ADDRESS | 119 W JORDAN ST | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | PENSACOLA FL | 2.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | VIDRINE, VAN | 3.2 NAME | |
| STREET ADDRESS | 651 CHILDRES ST #10 | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | PENSACOLA FL | 3.4 CITY-ST-ZIP | |
| TITLE | P <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LEWIS, HENRY Q | 4.2 NAME | |
| STREET ADDRESS | 3205 SANDY LANE | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | PENSACOLA FL | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Henry Q Lewis* SIGNATURE REQUIRED *Henry Q Lewis* 1-13-99 Date 850-832-3028 Daytime Phone #

CR2E037 (11/98)