

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 729049

1. Entity Name

COMMUNITY MISSIONARY BAPTIST CHURCH OF PENSACOLA

**FILED**  
**Mar 15, 2000 8:00 am**  
**Secretary of State**

03-15-2000 90014 006 \*\*\*\*61.25

Principal Place of Business 2610 W LEONARD ST PENSACOLA FL 32505 US	Mailing Address C/O HENRY Q. LEWIS 2610 W LEONARD ST PENSACOLA FL 32505-5044
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>59-2383724</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**LEWIS, HENRY Q.**  
**3205 SANDY LN.**  
**PENSACOLA FL FL 32526**

7. Name and Address of New Registered Agent

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.

SIGNATURE Henry Q. Lewis Pastor (Signature, typed or printed name of registered agent and title if applicable) Henry Q. Lewis (NOTE: Registered Agent Signature required when reinstating) 2-28-00 DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.  **\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	LANCASTER, GAREY	
STREET ADDRESS	5830 AVONDALE RD	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BURT, RYAN	
STREET ADDRESS	119 W JORDAN ST	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	VIDRINE, VAN	
STREET ADDRESS	651 CHILDRES ST #10	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	LEWIS, HENRY Q	
STREET ADDRESS	3205 SANDY LANE	
CITY-ST-ZIP	PENSACOLA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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.

SIGNATURE: Henry Q. Lewis **SIGNATURE REQUIRED** 2-28-00 850-944-0381 432-3028  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)