

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90131 035 ****61.25

DOCUMENT # 729049

1. Entity Name

COMMUNITY MISSIONARY BAPTIST CHURCH OF PENSACOLA, INC.

Principal Place of Business

Mailing Address

2610 W LEONARD ST
 PENSACOLA FL 32505
 US

C/O HENRY Q. LEWIS
 2610 W LEONARD ST
 PENSACOLA FL 32505

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2383724

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	D LEWIS, WILLIAM A	<input type="checkbox"/> Delete
STREET ADDRESS	8011 MOBILE HWY	
CITY-ST-ZIP	PENSACOLA FL 32526	
TITLE NAME	D BURT, RYAN	<input type="checkbox"/> Delete
STREET ADDRESS	119 W JORDAN ST	
CITY-ST-ZIP	PENSACOLA FL	
TITLE NAME	D BUSH, CARLTON D	<input type="checkbox"/> Delete
STREET ADDRESS	5533 MAYFAIR CIRCLE	
CITY-ST-ZIP	PENSACOLA FL 32506	
TITLE NAME	P LEWIS, HENRY Q	<input type="checkbox"/> Delete
STREET ADDRESS	3205 SANDY LANE	
CITY-ST-ZIP	PENSACOLA FL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-23-02
 Date

Daytime Phone #

CR2E037 (9/01)