

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 01, 2005 8:00 am
Secretary of State

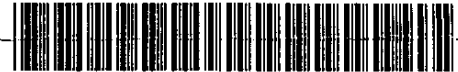
02-01-2005 90032 025 ****61.25

DOCUMENT # 729049
 1. Entity 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 Q. LEWIS 2610 W LEONARD ST PENSACOLA FL 32505**

30003440



1st MOORE CR2E037 (10/04)

2. Principal Place of Business: **2610 W. Leonard ST.**
 Suite, Apt. #, etc.

3. Mailing Address: **Same**
 Suite, Apt. #, etc.

City & State: **Pensacola FL**
 Zip: **32505** Country: **Escambia**

4. FEI Number: **59-2383724**
 Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

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: _____ State: **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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | LEWIS, WILLIAM A | |
| STREET ADDRESS | 8011 MOBILE HWY | |
| CITY-ST-ZIP | PENSACOLA FL 32526 | |
| 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 | BUSH, CARLTON D | |
| STREET ADDRESS | 5533 MAYFAIR CIRCLE | |
| CITY-ST-ZIP | PENSACOLA FL 32506 | |
| 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)(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 Lewis* **1-26-05**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #