FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPÖRT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 💊 🍜 Secretary of State DIVISION OF CORPORATIONS

1996

701140

CEDARLAWN BAPTIST CHURCH, INC.

DOCUMENT #
1. Corporation Name

(6)

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FILED

Secretary of State

Apr 16 1996 8:00 am

Principal Place of Business		Mailing Address	Mailing Address			ı ranını ınası adıkı sıbbı ilbil Bibil Bibil bibil bibil bibil bibil bibil			
1507 CREIGI PENSACOLA	HTON ROAD I FL 32504-7142	1507 CREIGHTON RO PENSACOLA FL 325 0							
						3. Date Incorporated or Qualified 06/28/1960	3a. Date of La 07/14		
2. Principal Place of Business 2a. Mailing Address 21 26					4. FEI Number 25-0057614		Applied For		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				## VVVI 0 1 T		Not Applicable	
22 27		_			5. Certificate of Status Desired		75 Additional e Required		
City & State City & State		City & State				6. Election Campaign Financing \$5.00 um. p.			
23		28			Trust Fund Contribution Added to Fees				
Zip	Country	Zip	—	untry		 This corporation has liability for in: 	langible tax under	s. 199.032,	
24	25] 9. Name and Address of Curre	[29]	30				Yes 🗌 No		
·	9. Name and Address of Curre	ent Registered Agent		- 04		10. Name and Address of New Re	gistered Agent		
				81	Name				
	D, BELICH			82	Street Add	ress (P.O. Box Number is Not Acceptable	<u> </u>	······································	
	insing drive						,		
PENSAC	OOLA FL 32504			83					
				84	City		 85	Zip Code	
44 10	4. 11.				_		F -	•	
or register familiar wi	to the provisions of Sections 617,050 red agent, or both, in the State of Flo lith, and accoupt the obligations of, Sec	nz and 617.1508, Florida Statur rida. Such change was authori ction 617.0503, Florida Statute	tes, the ab ze d by the s .	corpo	named corpor pration's boa	ration submits this statement for the purpor rd of directors. I hereby accept the appoin	ose of changing its ntment as register	s registered office ad agent. I am	
SIGNATURE .	LINWOOD BEL	ICH CV					-2-96		
12.	Signature typod or printed name of registered ago				t signature require	d when reinstaling)	DATE		
Tifle	CD OFFICERS AF	ND DIRECTORS	13			ADDITIONS/CHANGES TO OFFIC	ERS AND DIREC	TORS IN 12	
	*=	DELETE	1.1	IITLE			Change	Addition	
NAME.	LINWOOD, BELICH		1.2 /	NAME					
STREET ADDRESS	2001 LANSING DRIVE		1.3 \$	STREET.	ADDRESS				
CITY-ST-ZIP	PENSACOLA FL		1,4 (HTY - \$1	T - ZIP				
TITLE	PD	DELETE	2.11	ITLE			Change	Addition	
NAME	BAILEY, A H		2.21	AME					
STREET ADDRESS	1951 LANSING DRIVE		2.3 \$	STREET.	ADDRESS				
CITY-ST-ZIP	PENSACOLA FL		2.4	CITY-S	T-ZIP				
TITLE	D	DELETE	3.1 1	ΠLE		- spanete.	Change	Addition	
NAME	STRONG, FRANKLIN		3.21	IAME					
STREET ADDRESS	7120 MARIA AVE.		3.3 9	TREET A	ADDRESS				
CITY+ST-ZIP	PENSACOLA FL		3.4.	CITY-S	T-ZIP				
TITLE	T	DELETE	4.1 7				Change	☐ Addition	
NAME	MITCHELL, MILDRED		4.21	NAME					
STREET ADDRESS	1951 LANSING DRIVE				ADDRESS				
CITY-ST-ZIP	PENSACOLA FL			ITY-ST					
TITLE		DELETE	51 T		- 211		[] Change	Addition	
NAME			52 N		1		[] Oriange	T"] yadiilan	
STREET ADDRESS					.0000004				
CITY-ST-ZIP					ADDRESS				
TITLE		TOELETE		ITY-ST	- ZIP			production of the second	
			6.1 7			50000178 -04/17/960102	35 55	Addition	
NAME STOCKY ADDRESS			6.2 N			-04/17/960102	2041		
STREET ADDRESS			6.3 S	TREET A	ADDRESS	***61.25	- · -		
						· 			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Fiorida 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.

SIGNATURE: /

1-12-96 904-4760753