

FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 05 1998 8:00am  
Secretary of State

|                                                          |                                                                                   |                                                                                                           |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Northam</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

DOCUMENT # **701140** (6)

1. Corporation Name

**CEDARLAWN BAPTIST CHURCH, INC.**



|                                                                                       |                                                                           |
|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| Principal Place of Business<br><b>1507 CREIGHTON ROAD<br/>PENSACOLA FL 32504-7142</b> | Mailing Address<br><b>1507 CREIGHTON ROAD<br/>PENSACOLA FL 32504-7142</b> |
|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------|

3. Date Incorporated or Qualified

**06/28/1960**

4. FEI Number

**25-0057614**

Applied For

☒ Not Applicable

|                                |                        |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address    |
| 21 Suite, Apt. #, etc.         | 26 Suite, Apt. #, etc. |
| 22 City & State                | 27 City & State        |
| 23 Zip                         | 28 Zip                 |
| 24 Country                     | 29 Country             |
| 25                             | 30                     |

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

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LINWOOD, BELICH  
2001 LANSING DRIVE  
PENSACOLA FL 32504**

|                                                       |
|-------------------------------------------------------|
| 81 Name                                               |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83                                                    |
| 84 City                                               |
| 85 Zip Code                                           |

**FL**

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, for 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |                                            | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|--------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | <input type="checkbox"/> DELETE            | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>CD LINWOOD, BELICH</b>                  | 1.2 NAME                                              |                                                                   |
| STREET ADDRESS             | <b>2001 LANSING DRIVE</b>                  | 1.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | <b>PENSACOLA FL</b>                        | 1.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | <input checked="" type="checkbox"/> DELETE | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>PD BAILEY, A H</b>                      | 2.2 NAME                                              |                                                                   |
| STREET ADDRESS             | <b>1951 LANSING DRIVE</b>                  | 2.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | <b>PENSACOLA FL</b>                        | 2.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | <input checked="" type="checkbox"/> DELETE | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>D STRONG, FRANKLIN</b>                  | 3.2 NAME                                              |                                                                   |
| STREET ADDRESS             | <b>7120 MARIA AVE.</b>                     | 3.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | <b>PENSACOLA FL</b>                        | 3.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | <input type="checkbox"/> DELETE            | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>T MITCHELL, MILDRED</b>                 | 4.2 NAME                                              |                                                                   |
| STREET ADDRESS             | <b>1951 LANSING DRIVE</b>                  | 4.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | <b>PENSACOLA FL</b>                        | 4.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | <input type="checkbox"/> DELETE            | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>D SALTER, PRESTON</b>                   | 5.2 NAME                                              |                                                                   |
| STREET ADDRESS             | <b>8340-B COUNTRY WALK DR</b>              | 5.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | <b>PENSACOLA, FL 32514</b>                 | 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.

SIGNATURE

*Linwood G. Belich* **LINWOOD G. BELICH** 1/23/98 250-476233

CR2E037 (10/97)