

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 701140

1. Entity Name

CEDARLAWN BAPTIST CHURCH, INC.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90249 032 ****61.25

Principal Place of Business

Mailing Address

1507 CREIGHTON ROAD
PENSACOLA FL 32504-7142

1507 CREIGHTON ROAD
PENSACOLA FL 32504-7142

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

25-0057614

Applied For

Not Applicable

Zip

Country

ESCAMBIA

Zip

Country

ESCAMBIA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NIX, MALCOLM R
1507 CREIGHTON ROAD
PENSACOLA FL 32504-7142

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

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
STREET ADDRESS
CITY-ST-ZIP
CD
MERIDITH, JAMES W
6030 HILLBURN RD., APT. 301
PENSACOLA FL 32504 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
NIX, MALCOLM R
1445 DEBBIE AVE
PENSACOLA FL 32514 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
BROCK, MARGIE
1750 ATWOOD DR
PENSACOLA FL 32514 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Delete

TITLE
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☐ Change ☐ Addition

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: MERIDITH, JAMES W

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8 FEB 00

Date

850 478 8383

Daytime Phone #

CR2E037 (9/99)