

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 701140**

1. Entity Name

CEDARLAWN BAPTIST CHURCH, INC.

Principal Place of Business

**1507 CREIGHTON ROAD
PENSACOLA FL 32504-7142**

Mailing Address

**1507 CREIGHTON ROAD
PENSACOLA FL 32504-7142**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

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

4. FEI Number

25-0057614

Applied For

Not Applicable

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

7. Name and Address of New Registered Agent

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

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	DV NIX, MALCOLM R 1445 DEBBIE AVE PENSACOLA FL 32514	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BROCK, MARGIE 1750 ATWOOD DR PENSACOLA FL 32514	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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: MARGIE BROCK
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**3-12-01**
Date**477-3313**
Daytime Phone #

DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)