(9/01)

## **2002 UNIFORM BUSINESS REPORT (UBR)**

## Feb 24, 2002 8:00 am DOCUMENT # 701140 Secretary of State 1. Entity Name 02-24-2002 90010 001 \*\*\*\*61.25 CEDARLAWN BAPTIST CHURCH, INC. Principal Place of Business Mailing Address 1507 CREIGHTON ROAD 1507 CREIGHTON ROAD PENSACOLA FL 32504-7142 PENSACOLA FL 32504-7142 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 25-0057614 Not Applicable Zip \_\_\_ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) NIX. MALCOLM R 1507 CREIGHTON ROAD PENSACOLA FL 32504-7142 Zip Code City 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) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State ٠٤) 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Addition CD TITLE Delete TITLE MERIDITH, JAMES W STREET ADDRESS STREET ADDRESS 6030 HILLBURN RD., APT. 301 CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32504 ☐ Change ☐ Addition TITLE Delete TITLE NIX. MALCOLM R NAME NAME STREET ADDRESS STREET ADDRESS :1445:DEBBIE-AVE-----CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32514 TITLE Delete TITLE Change ☐ Addition qz SIMS, MICHAEL 6437 TIPPIN AVE. NAME BROCK, MARGIE NAME STREET ADDRESS 1750 ATWOOD DR STREET ADDRESS PENSALDLA. CITY-ST-ZIP PENSACOLA FL 32514 CITY-ST-ZIP FL 32504 TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

29 JANKARY 1002