2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 701140

1. Entity Name
CEDARLAWN BAPTIST CHURCH, INC.

FILED
05 NOV 17 AM 11:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1507 CREIGHTON ROAD PENSACOLA, FL 32504-7142	1507 CREIGHTON ROAD PENSACOLA, FL 32504-7142

REINSTATEMENT 2005

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country: ESCAMBIA	Zip / Country

4. FEI Number: 25-0057614 ☐ Applied For ☐ Not Applicable

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: MYRA KELLY Street Address (P.O. Box Number is Not Acceptable): 6301 RAMBLER DRIVE City: PENSACOLA FL Zip Code: 32505

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Myra Kelly MYRA KELLY TREASURER 11/14/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $236.25
After January 1, 2006, Fee will be $297.50

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD SIMS, CHARLES A 228 BOILING BROOK CIRCLE PENSACOLA, FL 32503	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 000061524170 11/17/05--01050--024 **236.25
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 TREASURER MYRA KELLY 6301 RAMBLER DR. PENSACOLA, FLA. 32504-7142
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SIMS, MICHAEL 2661 SOUTH 29TH AVE MILTON, FL 32583	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	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: Myra Kelly MYRA KELLY TREASURER 11/14/05 (850)476-6974
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #