

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90010 026 ****61.25

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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	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		
KELLY, MYRA 6301 RAMBLER DRIVE PENSACOLA, FL 32505			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>Myra Kelly</u> Signature, typed or printed name of registered agent and title if applicable.		<u>Myra Kelly</u> (NOTE: Registered Agent signature required when reinstating)		<u>2-9-06</u> DATE	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	CD ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	SIMS, CHARLES A		NAME		
STREET ADDRESS	228 BOILING BROOK CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 32503		CITY-ST-ZIP		
TITLE	T ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	KELLY, MYRA		NAME		
STREET ADDRESS	6301 RAMBLER DR.		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 325047142		CITY-ST-ZIP		
TITLE	SD ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	SIMS, MICHAEL		NAME		
STREET ADDRESS	2661 SOUTH 29TH AVE		STREET ADDRESS		
CITY-ST-ZIP	MILTON, FL 32583		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		
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 exemptions contained in Chapter 119, 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 (850) 476-6974
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Feb. 09, 2006