2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 701140

Sep 17, 2003 Secretary of State

Entity Name: CEDARLAWN BAPTIST CHURCH, INC.

Current Principal Place of Business: New Principal Place of Business:

1507 CREIGHTON ROAD PENSACOLA, FL 325047142

Current Mailing Address: New Mailing Address:

1507 CREIGHTON ROAD PENSACOLA, FL 325047142

FEI Number: 25-0057614 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

NIX, MALCOLM R 1507 CREIGHTON ROAD PENSACOLA, FL 325047142

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD () Delete Title: CD (X) Change () Addition Name: MERIDITH, JAMES W SIMS, CHARLES A

 Address:
 6030 HILLBURN RD., APT. 301
 Address:
 228 BOILING BROOK CIRCLE

 City-St-Zip:
 PENSACOLA, FL 32504
 City-St-Zip:
 PENSACOLA, FL 32503

Title: DV () Delete Title: () Change () Addition

 Name:
 NIX, MALCOLM R
 Name:

 Address:
 1445 DEBBIE AVE
 Address:

 City-St-Zip:
 PENSACOLA, FL 32514
 City-St-Zip:

 $\label{eq:title:sde} {\sf Title:} \qquad {\sf SD} \qquad (\) \, {\sf Delete} \qquad \qquad {\sf Title:} \qquad {\sf SD} \qquad ({\sf X}) \, {\sf Change} \, (\) \, {\sf Addition}$

 Name:
 SIMS, MICHAEL
 Name:
 SIMS, MICHAEL

 Address:
 6437 TIPPIN AVE.
 Address:
 2661 SOUTH 29TH AVE

 City-St-Zip:
 PENSACOLA, FL 32504
 City-St-Zip:
 MILTON, FL 32583

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL SIMS S 09/17/2003