

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91599 004 \*\*\*\*61.25

**DOCUMENT # 711454**

1. Entity Name

**CORNERSTONE BAPTIST CHURCH OF PENSACOLA, INC.**

Principal Place of Business

Mailing Address

**5454 MOBILE HWY.  
PENSACOLA FL 32526**

**5454 MOBILE HWY.  
PENSACOLA FL 32526**

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

**59-1222322**

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

**SMITH, BOBBY LEE  
2681 TINOSA LANE  
PENSACOLA FL 32526**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D/T** ☐ Delete  
NAME **PHELPS, BILL**  
STREET ADDRESS **103 GEORGIA DR**  
CITY-ST-ZIP **PENSACOLA FL**

TITLE **DT** ☒ Change ☐ Addition  
NAME **Phelps, Bill**  
STREET ADDRESS **255 Aquamarine Dr**  
CITY-ST-ZIP **Pensacola, FL 32505**

TITLE **DT** ☐ Delete  
NAME **FAY, FRANK**  
STREET ADDRESS **4531 GUERLAIN WAY**  
CITY-ST-ZIP **PENSACOLA FL 32505**

TITLE **DT** ☐ Change ☒ Addition  
NAME **Carnley, Cecil**  
STREET ADDRESS **2538 Buckingham Rd.**  
CITY-ST-ZIP **Pensacola, FL 32526**

TITLE **DT** ☐ Delete  
NAME **PADGETT, BUDDY**  
STREET ADDRESS **706 EDISON DR.**  
CITY-ST-ZIP **PENSACOLA FL 32505**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **P** ☐ Delete  
NAME **SMITH, BOBBY LEE**  
STREET ADDRESS **2681 TINOSA LANE**  
CITY-ST-ZIP **PENSACOLA FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S/T** ☐ Delete  
NAME **FAY, MARSHA**  
STREET ADDRESS **4531 GUERLAIN WAY**  
CITY-ST-ZIP **PENSACOLA FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DT** ☐ Delete  
NAME **ZIEGLER, RON**  
STREET ADDRESS **1496 WATER OAK TRAIL**  
CITY-ST-ZIP **CANTONMENT FL 32533**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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.

SIGNATURE:

**BOBBY LEE SMITH**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-02

Date

850-453-8500

Daytime Phone #

CR2E037 (9/01)