

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90257 006 ****61.25

DOCUMENT # 711454

1. Entity Name

CORNERSTONE BAPTIST CHURCH OF PENSACOLA, INC.



Principal Place of Business

**5454 MOBILE HWY.
PENSACOLA FL 32526**

Mailing Address

**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

☐ CHECK HERE IF MAKING CHANGES

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

SIGNATURE **Bobby Lee Smith**

Bobby Lee Smith

4-22-03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT PHELPS, BILL 255 AQUAMARINE DR PENSACOLA FL 32505	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT FAY, FRANK 4531 GUERLAIN WAY PENSACOLA FL 32505	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT PADGETT, BUDDY 706 EDISON DR. PENSACOLA FL 32505	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, BOBBY LEE 2681 TINOSA LANE PENSACOLA FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T FAY, MARSHA 4531 GUERLAIN WAY PENSACOLA FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ZIEGLER, RON 1496 WATER OAK TRAIL CANTONMENT FL 32533	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: **MARSHALL T. BAYE**

4-22-03

850-453-8500

CR2E037 (10/02)