

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

**FILED**  
**Feb 12, 2003 8:00 am**  
**Secretary of State**

02-12-2003 90095 019 \*\*\*\*61.25

**DOCUMENT # 721625**



1. Entity Name  
**TRUSTEES, SCENIC HEIGHTS BAPTIST CHURCH, INC.**

Principal Place of Business      Mailing Address  
**3351 CREIGHTON BLVD.      3351 CREIGHTON BLVD.**  
**PENSACOLA FL 32504      PENSACOLA FL 32504**

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 **59-1105021**

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

**HOWARD, CHRIS**  
**3629 ANDREW JACKSON DR**  
**PACE FL 32571**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

*Chris Howard*  
(NOTE: Registered Agent signature required when reinstating)

**1/26/03**  
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	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>HOWARD, CHRIS</b>	
STREET ADDRESS	<b>3629 ANDREW JACKSON DR</b>	
CITY-ST-ZIP	<b>PACE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BAILEY, CLYDE</b>	
STREET ADDRESS	<b>2125 MORNINGSIDE DRIVE</b>	
CITY-ST-ZIP	<b>PENSACOLA FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>RANDALL, THOMAS C</b>	
STREET ADDRESS	<b>5605 TRAFALGAR DR</b>	
CITY-ST-ZIP	<b>PENSACOLA FL</b>	
TITLE	<b>DS</b>	<input type="checkbox"/> Delete
NAME	<b>WALLER, WILLIAM</b>	
STREET ADDRESS	<b>3899 SUMMER, DR.</b>	
CITY-ST-ZIP	<b>PENSACOLA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HARDY, COLEMAN JOHN J</b>	
STREET ADDRESS	<b>2641 E JOHNSON AVE.</b>	
CITY-ST-ZIP	<b>PENSACOLA FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **SIGNATURE REQUIRED** *Chris Howard* **1/26/03** **850-9943287**

CR2E037 (10/02)