

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 744004

1. Entity Name

CROSSROAD BAPTIST CHURCH OF PENSACOLA, INC.

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90081 007 ****70.00

Principal Place of Business 6800 MOBILE HWY POST OFFICE BOX 37039 PENSACOLA FL 32526 US	Mailing Address 6800 MOBILE HWY POST OFFICE BOX 37039 PENSACOLA FL 32526-0039 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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4. FEI Number 59-1637702	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, DORA
1524 N. 15TH AVE.
PENSACOLA, FL FL 32503

7. Name and Address of New Registered Agent

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 **DORA WILLIAMS** *Dora Williams* **4 MAY 00**
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	T <input type="checkbox"/> Delete
NAME	BAKER, ROBERT
STREET ADDRESS	3660 WHISPERING PINES DRIVE
CITY-ST-ZIP	PENSACOLA FL
TITLE	T <input type="checkbox"/> Delete
NAME	BUTLER, DAVID
STREET ADDRESS	7500 BRIDLE PINES LANE
CITY-ST-ZIP	PENSACOLA FL
TITLE	DT <input type="checkbox"/> Delete
NAME	HEATON, LESIE
STREET ADDRESS	2851 VALKYRY WAY
CITY-ST-ZIP	CANTONMENT FL
TITLE	TD <input type="checkbox"/> Delete
NAME	WASS, DAVE
STREET ADDRESS	223 ST. BARNABAS STREET
CITY-ST-ZIP	PENSACOLA FL
TITLE	D <input type="checkbox"/> Delete
NAME	SPATH, BILL
STREET ADDRESS	663 CARMODY HILL RD
CITY-ST-ZIP	CANTONMENT FL
TITLE	P <input type="checkbox"/> Delete
NAME	BALDWIN, CHUCK O
STREET ADDRESS	3145 RUSHING CREEK ROAD
CITY-ST-ZIP	PENSACOLA FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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: **DR. SICHUCK BALDWIN EQUINE** *Sichuck Baldwin* **4 MAY 00**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRE037 (9/99)