

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90145 026 ****70.00

DOCUMENT # 744004

1. Entity Name

CROSSROAD BAPTIST CHURCH OF PENSACOLA, INC.

Principal Place of Business

Mailing Address

6800 MOBILE HWY
 POST OFFICE BOX 37039
 PENSACOLA FL 32526
 US

6800 MOBILE HWY
 POST OFFICE BOX 37039
 PENSACOLA FL 32526
 US

400023



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1637702

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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 CORPORATE SEC'T 29 APR 02

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

TITILE **T** Delete
 NAME **BAKER, ROBERT**
 STREET ADDRESS **3660 WHISPERING PINES DRIVE**
 CITY-ST-ZIP **PENSACOLA FL**

TITILE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITILE **T** Delete
 NAME **BUTLER, DAVID**
 STREET ADDRESS **7500 BRIDLE PINES LANE**
 CITY-ST-ZIP **PENSACOLA FL**

TITILE **T** Change Addition
 NAME **BAKER, ALLAN**
 STREET ADDRESS **925 BROKEN ARROW LANE**
 CITY-ST-ZIP **CANTONMENT, FLORIDA 32533**

TITILE **DT** Delete
 NAME **HEATON, LESIE**
 STREET ADDRESS **2851 VALKYRY WAY**
 CITY-ST-ZIP **CANTONMENT FL**

TITILE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITILE **TD** Delete
 NAME **WASS, DAVE**
 STREET ADDRESS **223 ST. BARNABAS STREET**
 CITY-ST-ZIP **PENSACOLA FL**

TITILE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITILE **D** Delete
 NAME **SPATH, BILL**
 STREET ADDRESS **663 CARMODY HILL RD**
 CITY-ST-ZIP **CANTONMENT FL**

TITILE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITILE **P** Delete
 NAME **BALDWIN, CHUCK O**
 STREET ADDRESS **3145 RUSHING CREEK ROAD**
 CITY-ST-ZIP **PENSACOLA FL**

TITILE 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:

Signature of Chuck Baldwin
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHUCK BALDWIN 29 APR 02

Date

850-944-3544

Daytime Phone #

CR2E037 (9/01)