


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90138 022 \*\*\*\*70.00

<b>DOCUMENT # 744004</b>			
1. Entity Name <b>CROSSROAD BAPTIST CHURCH OF PENSACOLA, INC.</b>			
Principal Place of Business <b>6800 MOBILE HWY POST OFFICE BOX 37039 PENSACOLA FL 32526 US</b>		Mailing Address <b>6800 MOBILE HWY POST OFFICE BOX 37039 PENSACOLA FL 32526 US</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>WILLIAMS, DORA 1524 N. 15TH AVE. PENSACOLA, FL FL 32503</b>		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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 <i>Dora Williams</i>		DORA WILLIAMS BOOKKEEPER/CORP. SEC'T	29 APR 05
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)	DATE
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
		<b>Make Check Payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE	T BAKER, ROBERT 3660 WHISPERING PINES DRIVE PENSACOLA FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE	T BAKER, ALLAN 710 WINTERSET DRIVE CANTONMENT FL 32533	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE	DT HEATON, LESIE 2851 VALKYRY WAY CANTONMENT FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE	TD MURPHY, MIKE 1303 STERLING PT. DRIVE GULF BREEZE FL 32563	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE	D SPATH, BILL 663 CARMODY HILL RD CANTONMENT FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE	P BALDWIN, CHUCK O 7970 SASSER LANE PENSACOLA FL 32526	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP



1st MOORE CR2E037 (10/04)

4. FEI Number **59-1637702**  
Applied For   
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional  
Fee Required**

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:** *Chuck Baldwin* **CHUCK BALDWIN PRESIDENT/PASTOR** **29 APR 05**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #