

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90323 021 ****70.00

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DOCUMENT # 744004

1. Entity Name
CROSSROAD BAPTIST CHURCH OF PENSACOLA, INC.



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
US**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number **59-1637702** 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

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

SIGNATURE **DORA WILLIAMS** *Dora Williams* **1 MAY 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	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	BAKER, ALLAN	
STREET ADDRESS	925 BROKEN ARROW LANE	
CITY-ST-ZIP	CANTONMENT FL 32533	
TITLE	DT	<input type="checkbox"/> Delete
NAME	HEATON, LESIE	
STREET ADDRESS	2851 VALKYRY WAY	
CITY-ST-ZIP	CANTONMENT FL	
TITLE	TD	<input checked="" 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	

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	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MURPHY, MIKE
STREET ADDRESS	1303 STERLING PT. DRIVE
CITY-ST-ZIP	GULF BREEZE, FLORIDA 32563
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 19.07(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 O. Baldwin* **CHUCK O. BALDWIN** **1 MAY 03** **850-944-3544**

CR2E037 (10/02)