

DOCUMENT # 749192

1. Entity Name

LAWTON ROAD BAPTIST CHURCH OF PENSACOLA, INC.

Principal Place of Business

7845 LAWTON STREET  
PENSACOLA FL 32514

Mailing Address

7845 LAWTON STREET  
PENSACOLA FL 32514

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

05-0065914

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BOX, OTHO G  
9031 NEPTUNE DR.  
PENSACOLA, FL  
PENSACOLA FL 32507

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 OTHO G. Box

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

(NOTE: Registered Agent signature required when reinstating)

Otho G. Box

January 3, 2001

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

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	CREELE, DOYAL	
STREET ADDRESS	RT 2 BOX 317H	
CITY-ST-ZIP	MILTON, FL 00000	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BOX, OTHO G	
STREET ADDRESS	9031 NEPTUNE DR.	
CITY-ST-ZIP	PENSACOLA, FL 00000	
TITLE	TDS	<input type="checkbox"/> Delete
NAME	MCWATERS, SHIRLEY	
STREET ADDRESS	7845 LAWTON ROAD	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	FREEMAN, W. D.	
STREET ADDRESS	2427 BERYL AVE	
CITY-ST-ZIP	PENSACOLA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert E Freeman	
STREET ADDRESS	2300 Weller	
CITY-ST-ZIP	PENSACOLA FL 32507	
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: SIOTN/DOYAL BOX OTHO G. Box

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-3-2001

Date

850-484-9165

Daytime Phone #

FILED  
Jan 09, 2001 8:00 am  
Secretary of State

01-09-2001 90022 039 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)