2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # N03000002014

1. Ently Name CEDAR GROVE BAPTIST CHURCH OF PENSACOLA, FL., INC.



FILED Feb 03, 2005 08:00 AM Secretary of State

Principal Place of Business

6989 CORNELIUS LANE PENSACOLA, FL 32505 Mailing Address

6989 CORNELIUS LANE PENSACOLA, FL 32505



01232005 No Chg-NP

CR2E037 (10/03)

4. FEI Number 02-0651645 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRUNER, WILLIE & 6989 CORNELIUS LANE PENSACOLA, FL 32505

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	· 1				
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 Square hood or princil have of regular days wand the Cappitable. (PROTE Regulared Agent agen					
Filing Fee is \$51.25 Due by May 1, 2005 9. Erect'on Campaign Finan Trust Fund Contribution.		cing	\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS				· 	
TITLE NAME STREET ADDRESS CITY ST ZIP	PD BRUNER, WILLIE 2924 MELODY LANE PENSACOLA, FL 32505				U00000213503 U2/03/05-80074-004 70.00
TITLE NAME STREET ADDRESS CITY ST ZIP	SD LEWIS, ARVIN 6847 FIELDS LANE PENSACOLA, FL 32505				en e
TITLE NAME STREET ADDRESS CITY ST-ZIP	TD DUBOSE, SAMUEL 6410 WAGNER RD. PENSACOLA, FL 32505			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY ST ZIP				IN.	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
TITLE MANIE STREET ADDRESS CITY-ST ZIP					anna a taona taona a sa an
12. Thereby certify that the information supplied with this thing 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.					