

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # N03000002014

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



Principal Place of Business

**6989 CORNELIUS LANE
PENSACOLA, FL 32505**

Mailing Address

**6989 CORNELIUS LANE
PENSACOLA, FL 32505**



01302006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

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 E
6989 CORNELIUS LANE
PENSACOLA, FL 32505**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when re-filing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BRUNER, WILLIE
STREET ADDRESS 2924 MELODY LANE
CITY-ST-ZIP PENSACOLA, FL 32505

TITLE SD
NAME LEWIS, ARVIN
STREET ADDRESS 6847 FIELDS LANE
CITY-ST-ZIP PENSACOLA, FL 32505

TITLE TD
NAME DUBOSE, SAMUEL
STREET ADDRESS 6410 WAGNER RD.
CITY-ST-ZIP PENSACOLA, FL 32505

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

U000000425772
02/20/06-80015-014 70.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *X Willie Bruner*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/06 850-476-9075

Date

Daytime Phone #