

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2007 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



01082007 No Chg-NP CR2E037 (4/06)

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 reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST - ZIP	

U000000596220
01/23/07-80070-011 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 E. Bruner*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/07

Date

850-476-9075

Daytime Phone #