

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2008 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**



01222008 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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
DUBOSE, SAMUEL
8410 WAGNER RD.
PENSACOLA, FL 32505**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000809629
02/08/08-80029-018 70.00

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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: Willie E. Bruner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-27-08 850-476-9075