FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

· 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N15914

1. Corporation Name

CREIGHTON HEIGHTS BAPTIST CHURCH, INC.

Principal Place of Busin
2407 CREIGHTON RD.
P.O. BOX 10700
PENSACOLA FL 32524

Mailing Address 2407 CREIGHTON RD. P.O. BOX 10700 PENSACOLA FL 32524



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2. Principal I	Place of Business	2a. Mailing Address						te Incorpor 7/17/198	ated or Qualife	ed			
Suite, Apt	i. #, etc.	 1	Suite, Apt. #, etc.					Number			Ap	plied For	
22		27					59	F17282	23		No	t Applicable	
City & Sta	ate	28	City & State				5. Ce	5. Certifcate of Status Desired			\$8.75 Additional Fee Required		
Zip Country			Zip Country				Election Campaign Financing Trust Fund Contribution			g 🗆	•	\$5.00 May Be Added to Fees	
	9. Name and Address of Curren		stered Agent	100			10. Na	me and A	ddress of Nev	v Registered	d Agent		
RENFRO		· · · · · ·			81 82	Name	Address (P.O.	Box Numb	er is Not Acce	ntable)			
—	EKER ST.					- 300007		DOX 14dilla					
PENSAC	OLA FL 32514				83		·						
					84	City				FI	85 Zip (Code	
office or	t to the provisions of Sections 617.050 registered agent, or both, in the State am familiar with, and accept the obliga	of Flori	ida. Such change wa	is authorized	i by i	the corpo	corporation su pration's board	bmits this of directo	statement for the statement for the statement of the stat	he purpose o cept the appo	of changing its pintment as re	registered gistered	
SIGNATURE	Signature, typed or printed name of registered agen	t and title	if applicable. (N	OTE: Registered	Agent	signature re	quired when reinsta			DATE			
12.	OFFICERS AN	D DIRE	ECTORS	13.			ADD	ITIONS/C	HANGES TO C	OFFICERS A			
TITLE	PD		□ DELETE	1.1 TF	TLE	ļ					☐ Change	Addition	
NAME	RENFROE, M.K.			1.2 N	ME	Í							
STREET ADDRESS				1.3 ST	REET	ADDRESS							
CITY-ST-ZIP	PENSACOLA FL				TY-ST	-ZIP							
TITLE	VD		☐ DELETE	2.1 TF	TLE	ł					Change	☐ Addition	
NAME	COLEMAN, J.A.,JR.			2.2 N	AME	1							
STREET ADDRESS	· I			2.3 ST	REET	ADDRESS						-	
CITY-ST-ZIP	PENSACOLA FL				ITY-S	T-ZIP						F A 1 PC	
ITILE	TD		☐ DELETE	3.1 TT	TLE						Change	Addition	
NAME	COOK, G.M.			3.2 N/	AME			~~	CVED	<i>س</i> ہہ			
STREET ADDRESS				3.3 ST	REET	ADDRESS	3503	GE	EKER	51			
CITY-ST-ZIP	PENSACOLA FL				ITY-S	T-ZIP						—	
TITLE	SD		☐ DELETE	4.1 TI	TLE						☐ Change	☐ Addition	
NAME	FILLINGIM, E.J.			4.2 N	AME								
STREET ADDRESS				4.3 ST	REET	ADDRESS							
CITY-ST-ZIP	PENSACOLA FL				TY-ST	-ZIP							
TITLE			☐ DELETE			į					Change	☐ Addition	
NAME				5.2 N/		ĺ							
STREET ADDRESS	5			5.3 ST	REET	ADDRESS							
CITY-ST-ZIP					TY-ST	-ZIP							
TITLE			☐ DELETE	6.1 ਜੋ	TLE	٦					Change	☐ Addition	
NAME				6.2 N	AME								

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS