


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2007 08:00 AM
Secretary of State

DOCUMENT # N22742	
1. Entity Name CROSS & CROWN BAPTIST CHURCH OF PENSACOLA, INC.	

Principal Place of Business 9263 WARING RD PENSACOLA, FL 32534 US	Mailing Address PO BOX 7402 PENSACOLA, FL 32534 US
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DO NOT WRITE IN THIS SPACE

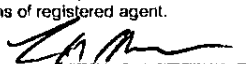


01082007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2088303	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MARRERO, LUIS 2200 WELCOME RD CANTONMENT, FL 32534
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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 	Luis A. Marrero	1-8-07
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>		<small>DATE</small>

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

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DAVIS, JOSEPH A 1350 HIGHWAY 99 SOUTH MC DAVID, FL 32568
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MARRERO, LUIS 2200 WELCOME RD CANTONMENT, FL 32533
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SWAB, NANETTE 214 SPRAGUE DR PENSACOLA, FL 32534
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000000585488
01/16/07-80014-022 61.25

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: 	1-8-07	850-937-2452
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>