

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 30, 2003 8:00 am
Secretary of State

07-30-2003 90069 004 ****61.25

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2088303**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARK, SCANLAN
1541 TOMMY STREET 32534
PENSACOLA FL 32534

Name

DAN SWAB

Street Address (P.O. Box Number is Not Acceptable)

214 SPRAGUE DRIVE

City

PENSACOLA

FL

Zip Code

32534

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

Dan Swab

DAN SWAB

26 JULY 2003

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **DP**
STREET ADDRESS **DAVIS, JOSEPH A.**
CITY-ST-ZIP **990 ELCAMINO**
CANTONMENT FL

TITLE ☒ Change ☐ Addition
NAME **1350 HIGHWAY 99 SOUTH**
STREET ADDRESS **WALNUT HILL, FL 32568**
CITY-ST-ZIP

TITLE ☒ Delete
NAME **DT**
STREET ADDRESS **PEMBRIDGE, RICHARD**
CITY-ST-ZIP **8506 KING FISHER WAY**
PENSACOLA FL 32534

TITLE ☐ Change ☒ Addition
NAME **DT**
STREET ADDRESS **HENRICKS, TODD**
CITY-ST-ZIP **9066 CARIBBEAN DRIVE**
PENSACOLA, FL 32506

TITLE ☒ Delete
NAME **DS**
STREET ADDRESS **CALDWELL, KIM**
CITY-ST-ZIP **140 COUNTRI LN**
CANTONMENT FL 32533

TITLE ☐ Change ☒ Addition
NAME **DS**
STREET ADDRESS **HAMILTON, ANITA**
CITY-ST-ZIP **1201 S. HIGHWAY 95A #112**
CANTONMENT, FL 32533

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

12. 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 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:

Todd Henricks **TODD HENRICKS**

26 July 2003 (850) 455-4514

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)