

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Norham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 20 PM 1:10

DOCUMENT # **N32757** (9)
1. Corporation Name
CHARITY BAPTIST CHURCH OF CANTONMENT, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
**1675 W. ROBERTS RD.
CANTONMENT FL 32533
US** **175 GREENRIDGE DR
PENSACOLA FL 32534-3135
US**

3. Date Incorporated or Qualified **06/08/1989** 3a. Date of Last Report **02/04/1994**
4. FEI Number **59-2960875** Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 25 Country 28 Zip 30 Country

9. Name and Address of Current Registered Agent
**MCGAUGHEY, JAMES EDWARD
175 GREENRIDGE DR
PENSACOLA FL 32534**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGAUGHEY, JAMES EDWARD	1.2 NAME	
STREET ADDRESS	175 GREENRIDGE DR	1.3 STREET ADDRESS	
CITY - ST - ZIP	PENSACOLA FL	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REED, SAMUEL KENT	2.2 NAME	
STREET ADDRESS	3142 HWY 97 S	2.3 STREET ADDRESS	
CITY - ST - ZIP	CANTONMENT FL	2.4 CITY - ST - ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGAUGHEY, BILLIE	3.2 NAME	
STREET ADDRESS	1812 NESTLE DR	3.3 STREET ADDRESS	
CITY - ST - ZIP	PENSACOLA FL	3.4 CITY - ST - ZIP	
TITLE	TD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LITTLEJOHN, JAMES HENRY	4.2 NAME	
STREET ADDRESS	5618 HWY 29 N	4.3 STREET ADDRESS	
CITY - ST - ZIP	CANTONMENT FL	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 as an attachment with an address.

SIGNATURE: *James Edward McLaughlin* **JAMES EDWARD MCGAUGHEY** 1/13/95 (904) 496-8126
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR