## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N32

N32757

(9)

## CHARITY BAPTIST CHURCH OF CANTONMENT, INC.

Principal Place of Business Mailing Address									a immeliat and erred sinit than derret		9191  619	B1011 U/01  1601
1875 W. ROBERTS RD. CANTONMENT FL \$2533 US				175 GREENRIDGE DR PENSACOLA FL 32534-3135 US				ļ	3. Date Incorporated or Qualified		•	
									06/08/1989			
								ſ	4. FEI Number			Applied For
									59-2960875			Not Applicable
2. Principal Pl	ace of Busin	1088	2a	2a. Mailing Address					5. Certificate of Status Desired		<b>.</b>	Additional
21				26								Required
Suite, Apt. #, etc.				Suite, Apt. #, etc.					Election Campaign Financing			May Be
22				City & State					Trust Fund Contribution			
City & State				28					Yes No			
Zip Country			20]	Zip Country				-	This corporation owes or has paid the current year Intangible			
24	25			30				Personal Property Tax due June 30. Yes No				
9. Name and Address of Current				stered Agent					10. Name and Address of New Registered Agent			
						81	Name					
MCGAUGHEY, JAMES EDWARD						82 Street Address (P.O. Box Number is Not Acceptable)						
	ENRIDGE			or one			0001	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
PENSACOLA FL 32534						83						
						84	City				85 Zi	p Code
							1			FL	.	
11. Pursuant t office or re agent. I ar	o the provis egl <b>s</b> tered ag m f <b>a</b> mlliar w	ions <b>of S</b> ections 617.05 jent, <b>or b</b> oth, in the State th, a <b>nd a</b> ccept the oblig	02 and 6 e of Flori pations c	617.1508, Florida Statu ida. Such change was of, Section 617.0503, F	utes, the a authorize Torida Sta	bove d by tutes	e-named / the corps.	l corpor poration	ation submits this statement for the n's board of directors. I hereby acce	ourpose of pt the app	f changing ointment a	g its registered as registered
SIGNATURE _												
	Signature, typed	or printed name of registered ap				d Age	ent signature	e required	when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE CEDS AND	DIDECT	DDC IN 12
12.	PD	OFFICERS AN	ND DIRE	DELETE	13. 1.1 T	ITI F		Т	ADDITIONS/CHANGES TO OFFI	JENS ANL	Change	
NAME		GHEY, JAMES EDWA	NDN		1.2 N							
STREET ADDRESS		EENRIDGE DR	עווע				ADDRESS					
CITY-ST-ZIP		COLA FL					T(ZIP)	3:	a534			
TITLE	VD			DELETE	2.1 T		n (en_)	<del>  •</del>			Change	e Addition
NAME		SAMUEL KENT			2.2 N	AME						
STREET ADDRESS		NY 97 S			235	TAEET	ADDRESS					
CITY-ST-ZIP		NMENT FL			2.41	OITY-S	S(-ZIP)	36	2 <i>533</i>			
TITLE	SD			☐ DELETE	3.1 T		_				Change	e Addition
NAME		GHEY, BILLIE			3.2 N	AME						
STREET ADDRESS		STLE DR			3.3 \$	TAEET	ADDRESS	_				
CITY-ST-ZIP		OLA FL					ST-ZIP)	<b> 3</b> 6	2534			
TITLE	TD			☐ DELETE	4.1 T	TLE					L Change	e
NAME		ohn, James Henry	7			MAME						
STREET ADDRESS	5618 H	NY 29 N					ADDRESS	20	577			
CITY-ST-ZIP	MOLINO	rL		DELETE			I(ZIP)	ರಂ	257 <u>7</u>		Change	e Addition
TITLE				☐ DELETE	51T							Auditori
NAME					5.2 N		1DDC:00					
STREET ADDRESS							ADDRESS					
CITY-ST-ZIP				☐ DELETE	5.4 C		T-ZIP	<del> </del>			Change	e Addition
TITLE					6.2 h							
NAME							ADDRESS					
STREET ADDRESS					0.3 8	inct l	ADMIEGO					

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.

Tames Edward

mcGaustan 1/16/02 47/6-8/26

**FILED** 

Feb 10 1998 8:00am

Secretary of State

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