

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Jan 29, 1999 8:00am**  
**Secretary of State**

01-29-1999 90044 008 \*\*\*\*\*61.25

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N32757**

1. Corporation Name

**CHARITY BAPTIST CHURCH OF CANTONMENT, INC.**

Principal Place of Business

1675 W. ROBERTS RD.  
 CANTONMENT FL 32533  
 US

Mailing Address

175 GREENRIDGE DR  
 PENSACOLA FL 32534-3135  
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		06/08/1989	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				59-2960875	
22		27		Applied For	
City & State		City & State		Not Applicable	
23		28		5. Certificate of Status Desired <input type="checkbox"/>	
Zip		Zip		\$8.75 Additional Fee Required	
24		29		6. Election Campaign Financing <input type="checkbox"/>	
Country		Country		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MCGAUGHEY, JAMES EDWARD. 175 GREENRIDGE DR. PENSACOLA FL 32534				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		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 32534			1.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		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 32533			2.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		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 32534			3.4 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		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	MOLINO FL 32577			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		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		<input type="checkbox"/> DELETE		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 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.

SIGNATURE: *James Edward McGaughey* **JAMES EDWARD MCGAUGHEY**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date: 1/11/99 Daytime Phone #: (850) 476-8126

CR2E037 (11/98)