

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$165 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$345)**

**NONPROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**

95 JUN 16 PM 10:26

**DOCUMENT # 703084 (4)**

1. Corporation Name  
**CANAL POINT MISSIONARY BAPTIST CHURCH**

Principal Place of Business	Mailing Address
101 FIRST STREET P.O. BOX 235 CANAL POINT FL 33438	101 FIRST STREET P.O. BOX 235 CANAL POINT FL 33438

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>10/23/1961</b>	3a. Date of Last Report <b>02/10/1994</b>
4. FEI Number <b>59-6537202</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$0.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	<b>FILING FEE IS \$61.25</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
24 Zip	25 Country
28 Zip	29 Country
30	

9. Name and Address of Current Registered Agent  
**BENNETT, JAMES A.  
179 CYPRESS AVENUE  
PAHOKEE FL 33476**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

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 reappointing)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>BENNETT, JAMES A.</b>
STREET ADDRESS	<b>179 CYPRESS AVE.</b>
CITY - ST - ZIP	<b>PAHOKEE FL</b>
TITLE	<b>D</b>
NAME	<b>SANDERS, DAVID E.</b>
STREET ADDRESS	<b>272 PARKVIEW CT.</b>
CITY - ST - ZIP	<b>PAHOKEE FL</b>
TITLE	<b>TD</b>
NAME	<b>FUNDERBURK, JUDY K.</b>
STREET ADDRESS	<b>808 N.E. 23RD ST.</b>
CITY - ST - ZIP	<b>BELLE GLADE FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>BAHRUTH, Patrice</b>
13 STREET ADDRESS	<b>5th Street</b>
14 CITY - ST - ZIP	<b>Canal Point FL 33438</b>
11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>COLLIER, Teryl</b>
13 STREET ADDRESS	<b>308 Everglades Street</b>
14 CITY - ST - ZIP	<b>Canal Point FL 33438</b>
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 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 119.07(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 if the attachment with an address.

SIGNATURE: James A. Bennett **JAMES A. BENNETT** Date: **6-9-95** Before File #: **407-924-5604**

CR2E037 (3/95)