

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90108 002 ****61.25

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DOCUMENT # 703084

1. Corporation Name

CANAL POINT MISSIONARY BAPTIST CHURCH

104344 90108 2

Principal Place of Business

101 FIRST STREET
P.O. BOX 235
CANAL POINT FL 33438

Mailing Address

POST OFFICE BOX 235
P.O. BOX 235
CANAL POINT FL 33438
US



2. Principal Place of Business

21 **37061 1ST STREET**

2a. Mailing Address

26 Suite, Apt. #, etc.

3. Date Incorporated or Qualified

10/23/1961

22 Suite, Apt. #, etc.

27 City & State

4. FEI Number

59-6537202

Applied For

Not Applicable

23 City & State

CANAL POINT, FL

28 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

24 Zip

33438

25 Country

FLORIDA

29 Zip

30 Country

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **BENNETT, JAMES A.**
STREET ADDRESS **179 CYPRESS AVE.**
CITY-ST-ZIP **PAHOKEE FL**

TITLE **D** ☐ DELETE

NAME **BAHRUTH, PATRICE**
STREET ADDRESS **5TH ST**
CITY-ST-ZIP **CANAL POINT FL**

TITLE **D** ☐ DELETE

NAME **COLLIER, TERYL**
STREET ADDRESS **308 EVERGLADES ST**
CITY-ST-ZIP **CANAL POINT FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)