


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90336 044 ****61.25

DOCUMENT # 703084			
1. Entity Name CANAL POINT MISSIONARY BAPTIST CHURCH			
Principal Place of Business 37061 1ST ST CANAL POINT, FL 33438		Mailing Address POST OFFICE BOX 235 P.O. BOX 235 CANAL POINT, FL 33438 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LYONS, DAVID 36930 3RD STREET CANAL POINT, FL 33438		Name Street Address (P.O. Box Number is Not Acceptable) City State: FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GIBSON, JAMES	NAME	Ronnie Lairsey
STREET ADDRESS	EVERGLADES ST	STREET ADDRESS	37387 Okeechobee Ave.
CITY-ST-ZIP	CANAL POINT, FL 33438	CITY-ST-ZIP	Canal Point, FL 33438
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAHRUTH, PATRICE	NAME	Barbara McVey
STREET ADDRESS	36841 5TH STREET	STREET ADDRESS	12355 Lakeshore Drive
CITY-ST-ZIP	CANAL POINT, FL 33438	CITY-ST-ZIP	Canal Point, FL 33438
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLIER, TERYL	NAME	Teryl Collier
STREET ADDRESS	308 EVERGLADES ST	STREET ADDRESS	12770 N. Everglades St.
CITY-ST-ZIP	CANAL POINT, FL 33438	CITY-ST-ZIP	Canal Point, FL 33438
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Teryl Collier</u>		Date: <u>4/5/04</u> (561) 996-3100	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

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03292004 Chg-NP CR2E037 (10/03)

4. FEI Number **65-0963778** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

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SIGNATURE: Teryl Collier

Date: 4/5/04 (561) 996-3100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #