


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2005 8:00 am
Secretary of State

03-29-2005 90026 036 ****96.25

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**

50031915



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01142005 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number
65-0963778

Applied For
 Not Applicable

City & State

Zip Country Zip Country

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

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 **RONNIE LAIRSEY**
 Street Address (P.O. Box Number is Not Acceptable)
37287 OKEECHOBEE AVE
 City **CANAL POINT FL 33438**

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 *Ronnie Lairsey* **1-19-05**
 Signature, typed or printed name of registered agent and title applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
 Due by May 1, 2005**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** Delete
 NAME **LAIRSEY, RONNIE**
 STREET ADDRESS **37287 OKEECHOBEE AVE**
 CITY-ST-ZIP **CANAL POINT, FL 33438**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **MCVEY, BARBARA**
 STREET ADDRESS **12355 LAKESHORE DRIVE**
 CITY-ST-ZIP **CANAL POINT, FL 33438**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **COLLIER, TERYL**
 STREET ADDRESS **12710 N. EVERGLADES ST**
 CITY-ST-ZIP **CANAL POINT, FL 33438**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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TITLE Change Addition
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 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 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: *Ronnie Lairsey* **RONNIE LAIRSEY** **1-19-05** **34-924-5651**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #