

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 721545 (2)
1. Corporation Name
CANTONMENT BAPTIST CHURCH INCORPORATED



Principal Place of Business
**380 S. HWY 29
P.O. BOX 21
CANTONMENT FL 32533-7021**

Mailing Address
**380 S. HWY 29
P.O. BOX 21
CANTONMENT FL 32533-7021**

3. Date Incorporated or Qualified
08/18/1971

3a. Date of Last Report
04/18/1995

4. FEI Number
59-2353453

Applied For
☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21

2a. Mailing Address
26

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

City & State
23

City & State
28

Zip
24

Country
25

Zip
29

Country
30

9. Name and Address of Current Registered Agent

**DAVIS, RAY
101 MAGNOLIA AVE
CANTONMENT FL 32533**

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	VD	<input type="checkbox"/> DELETE
NAME	HARRISON, TOM	
STREET ADDRESS	390 WOODBURY CIRCLE	
CITY - ST - ZIP	CANTONMENT, FL 00000	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	WIGGINS, LLOYD	
STREET ADDRESS	1938 ELNA RD	
CITY - ST - ZIP	CANTONMENT, FL 00000	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	DAVIS, SHEILA	
STREET ADDRESS	101 MAGNOLIA AVE	
CITY - ST - ZIP	CANTONMENT, FL 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	DAVIS, RAY	
STREET ADDRESS	101 MAGNOLIA AVE	
CITY - ST - ZIP	CANTONMENT, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Taylor, Steve
2.3 STREET ADDRESS	4948 West Spencerfield Rd.
2.4 CITY - ST - ZIP	Pace, FL 32571
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Hughen, Angie
3.3 STREET ADDRESS	311 Booth Ave.
3.4 CITY - ST - ZIP	Cantonment, FL 32533
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 on an attachment with an address.

SIGNATURE:

M.R. Davis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M.R. DAVIS

4-30-96

(904) 968-3516

Date

Daytime Phone #

CR2E037 (12/95)