

FILE NOW: FILING FEE IS \$61.25

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Apr 30 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

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



Principal Place of Business Mailing Address  
**380 S. HWY 29** **380 S. HWY 29**  
**P.O. BOX 21** **P.O. BOX 21**  
**CANTONMENT FL 32533-7021** **CANTONMENT FL 32533-0021**

3. Date Incorporated or Qualified **08/18/1971** 3a. Date of Last Report **05/01/1996**

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number <b>59-2353453</b> Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HARRISON, TOM</b>	1.2 NAME	
STREET ADDRESS	<b>380 WOODBURY CIRCLE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CANTONMENT, FL 00000</b>	1.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TAYLOR, STEVE</b>	2.2 NAME	
STREET ADDRESS	<b>4948 WEST SPENCERFIELD RD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PACE FL</b>	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HUGHEN, ANGIE</b>	3.2 NAME	
STREET ADDRESS	<b>311 BOOTH AVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CANTONMENT, FL 00000</b>	3.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAVIS, RAY</b>	4.2 NAME	
STREET ADDRESS	<b>101 MAGNOLIA AVE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CANTONMENT, FL 00000</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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, on an attachment with an address.

SIGNATURE: **Ray Davis** RE **RAY DAVIS** 4-9-97 (904) 968-9410  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0073326

CR2E037 (9/96)