

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 23 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **721545** (2)

1. Corporation Name

**CANTONMENT BAPTIST CHURCH INCORPORATED**

Principal Place of Business

Mailing Address

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

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

3. Date Incorporated or Qualified

**08/18/1971**

4. FEI Number

**59-2353453**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be  
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

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** ☐ DELETE  
NAME **HARRISON, TOM**  
STREET ADDRESS **390 WOODBURY CIRCLE**  
CITY- ST- ZIP **CANTONMENT, FL 00000**

TITLE **ST** ☐ DELETE  
NAME **TAYLOR, STEVE**  
STREET ADDRESS **4948 WEST SPENCERFIELD RD**  
CITY- ST- ZIP **PACE FL**

TITLE **SD** ☐ DELETE  
NAME **HUGHEN, ANGIE**  
STREET ADDRESS **311 BOOTH AVE**  
CITY- ST- ZIP **CANTONMENT, FL 00000**

TITLE **PD** ☐ DELETE  
NAME **DAVIS, RAY**  
STREET ADDRESS **101 MAGNOLIA AVE**  
CITY- ST- ZIP **CANTONMENT, FL 00000**

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 E

☐ Change

☐ Addition

1.2 AE

1.3 EET ADDRESS

1.4 ST- ZIP

2.1 E

☐ Change

☐ Addition

2.2 AE

2.3 EET ADDRESS

2.4 ST- ZIP

3.1 E

☐ Change

☐ Addition

3.2 AE

3.3 EET ADDRESS

3.4 ST- ZIP

4.1 E

☐ Change

☐ Addition

4.2 AE

4.3 EET ADDRESS

4.4 ST- ZIP

5.1 E

☐ Change

☐ Addition

5.2 AE

5.3 EET ADDRESS

5.4 ST- ZIP

6.1 E

☐ Change

☐ Addition

6.2 AE

6.3 EET ADDRESS

6.4 ST- ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the option 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 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:

*Ray Davis*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-15-98**

Date

**(805) 968-2516**

Daytime Phone #

CR2E037 (10/97)