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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 721545

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



21. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

08/18/1971

22. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

4. FEI Number

59-2353453

Applied For

Not Applicable

23. City & State

27. City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24. Zip

25. Country

28. Zip

29. Country

6. Election Campaign Financing

\$5.00 May Be Added to Fees

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 DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

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

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

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

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

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

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

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

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

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

4-21-99 850 968-9410
 Date Daytime Phone #

CR2E037 (1/198)