

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90124 034 ****61.25

DOCUMENT # 721545

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2353453

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DAVIS, RAY
101 MAGNOLIA AVE
CANTONMENT FL 32533

7. Name and Address of New Registered Agent

Name

Bill Hughen

Street Address (P.O. Box Number is Not Acceptable)

311 Booth Ave

City

Cantonment

FL

Zip Code

32533

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-01 850 968-9410

Date

Daytime Phone #

CR2E037 (10/00)