

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721545

FILED  
Apr 19, 2005  
Secretary of State

**Entity Name:** CANTONMENT BAPTIST CHURCH INCORPORATED

**Current Principal Place of Business:**

380 S. HWY 29  
P.O. BOX 21  
CANTONMENT, FL 325337021

**New Principal Place of Business:**

**Current Mailing Address:**

380 S. HWY 29  
P.O. BOX 21  
CANTONMENT, FL 325337021

**New Mailing Address:**

**FEI Number:** 59-2353453

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HUGHEN, BILL  
311 BOOTH AVE.  
CANTONMENT, FL 32533 US

**Name and Address of New Registered Agent:**

HUGHEN, BILL  
1835 MORGAN CEMETERY ROAD  
MOLINO, FL 32577 US

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:

04/19/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: ST ( ) Delete  
Name: TAYLOR, STEVE  
Address: 4948 WEST SPENCERFIELD RD  
City-St-Zip: PACE, FL

Title: SD ( ) Delete  
Name: HUGHEN, ANGIE  
Address: 311 BOOTH AVE  
City-St-Zip: CANTONMENT, FL 00000,

Title: PD ( ) Delete  
Name: BROWN, GLEN  
Address: 4880 CERNY ROAD  
City-St-Zip: PENSACOLA, FL 32526

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD (X) Change ( ) Addition  
Name: HUGHEN, ANGIE  
Address: 1835 MORGAN CEMETERY ROAD  
City-St-Zip: MOLINO, FL 32577

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GLEN BROWN

PD

04/19/2005

Electronic Signature of Signing Officer or Director

Date