

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 746448 (0)
1. Corporation Name
CANAAN LAND MISSIONARY BAPTIST CHURCH, INC.



Principal Place of Business
**8631 63RD AVENUE
WABASSO, FLORIDA
VERO BEACH FL 32967
US**

Mailing Address
**4620 28TH COURT
VERO BEACH FL 32967
US**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/26/1979		3a. Date of Last Report 04/06/1995	
21		26		4. FEI Number 22-2187262		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip		25 Country		29 Zip		30 Country	
24		25		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DILLARD, HENRY 4620 28TH CT VERO BEACH FL 32960				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

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	P	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DILLARD, HENRY			1.2 NAME			
STREET ADDRESS	4620 28TH CT			1.3 STREET ADDRESS			
CITY-ST-ZIP	VERO BEACH FL			1.4 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PETERSON, MARY			2.2 NAME			
STREET ADDRESS	4620 28TH CT			2.3 STREET ADDRESS			
CITY-ST-ZIP	VERO BEACH FL			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CLAY, ANN KELLY			3.2 NAME			
STREET ADDRESS	4620 28TH CT			3.3 STREET ADDRESS			
CITY-ST-ZIP	VERO BEACH, FL 00000			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILLIAMS RUTH			4.2 NAME			
STREET ADDRESS	4620 28TH CT			4.3 STREET ADDRESS			
CITY-ST-ZIP	VERO BEACH FL			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FLOWERS, HERBERT E			5.2 NAME			
STREET ADDRESS	4620 28TH CT			5.3 STREET ADDRESS			
CITY-ST-ZIP	VERO BEACH FL			5.4 CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DILLARD, HENRY			6.2 NAME			
STREET ADDRESS	4620 28TH CT			6.3 STREET ADDRESS			
CITY-ST-ZIP	VERO BEACH FL			6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Henry Dillard 2-16-96 → 407-569-3229
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)