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May 17, 1999 8:00 am  
Secretary of State

05-17-1999 90047 037 \*\*\*\*61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT

1999



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

Mailing Address

8631 63RD AVENUE  
WABASSO, FLORIDA  
VERO BEACH FL 32967  
US

4620 28TH COURT  
VERO BEACH FL 32967  
US

3. Date Incorporated or Qualified

03/26/1979

4. FEI Number

22-2187262

Applied For

Not Applicable

21 Principal Place of Business  
8631 63rd. AVENUE

26 Mailing Address  
4620 28th. COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☐ No

23 City & State  
WABASSO, FLORIDA

28 City & State  
VERO BEACH, FLORIDA

Zip

Country

Zip

Country

24 32967

25 INDIAN RIVER

29 32967

3d INDIAN RIVER

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

☐ Yes

☐ No

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	DILLARD, HENRY	
STREET ADDRESS	4620 28TH CT	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	PETERSON, MARY	
STREET ADDRESS	4620 28TH CT	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CLAY, ANN KELLY	
STREET ADDRESS	4620 28TH CT	
CITY-ST-ZIP	VERO BEACH, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WILLIAMS RUTH	
STREET ADDRESS	4620 28TH CT	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FLOWERS, HERBERT E	
STREET ADDRESS	4620 28TH CT	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	DILLARD, HENRY	
STREET ADDRESS	4620 28TH CT	
CITY-ST-ZIP	VERO BEACH FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: HENRY DILLARD 6.15, 1999 561,569 3279

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0020919

CR2E037 (10/97)