


FILE NOW: FILING FEE IS \$61.25

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Mar 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **753231** (0)
1. Corporation Name
CASSIA BAPTIST CHURCH, INC.



Principal Place of Business Mailing Address
36944 CASSIA CHURCH ROAD **36944 CASSIA CHURCH ROAD**
EUSTIS FL 32726 **EUSTIS FL 32726**

3. Date Incorporated or Qualified
07/03/1980
4. FEI Number Applied For
59-2284938 Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COLBERT, WILLIAM L., ESQ.
200 WEST FIRST ST.
SANFORD FL 32771

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 Stephen Harris 2-24-98
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 D	HUCKEBA, RANDY <input checked="" type="checkbox"/> DELETE	1.1 TITLE Trustee	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 38739 RANCH RD.	EUSTIS FL	1.2 NAME STEPHEN HARRIS	
STREET ADDRESS		1.3 STREET ADDRESS 3041 ARBOR WAY	
CITY-ST-ZIP		1.4 CITY-ST-ZIP 1111 DORA FL 32757	
TITLE C	CONN, CHARLES P <input checked="" type="checkbox"/> DELETE	2.1 TITLE Trustee	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 25210 MAGNOLIA AVE	EUSTIS FL	2.2 NAME Betty Emory	
STREET ADDRESS		2.3 STREET ADDRESS PO Box 1164	
CITY-ST-ZIP		2.4 CITY-ST-ZIP Eustis FL 32727-1164	
TITLE T	GNANN, MARY B. <input checked="" type="checkbox"/> DELETE	3.1 TITLE TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 38034 TANNER LANE	EUSTIS FL	3.2 NAME Vickie L Miller	
STREET ADDRESS		3.3 STREET ADDRESS 25516 County Rd. 44A	
CITY-ST-ZIP		3.4 CITY-ST-ZIP Eustis FL 32736	
TITLE DT	HIGH, CLARENCE <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 38025 MATTAWAN DRIVE	EUSTIS FL	4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Stephen Harris 2-24-98 (352) 283-9278

CR2E037 (10/97)