

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90343 027 \*\*\*\*61.25

**DOCUMENT # 763542**

1. Entity Name  
CORA BAPTIST CHURCH, INC.



Principal Place of Business  
12953 HWY 197  
JAY, FL 32565

Mailing Address  
12953 HWY 197  
JAY, FL 32565

44047064



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03262004

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number

59-1798812

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DIAMOND, MICKEY  
2517 CAMORS RD  
JAY, FL 32565

Name

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

City

**FL**

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DV ☒ Delete  
NAME SUMMERLIN, GLADDEN  
STREET ADDRESS 2325 HARVEST RD  
CITY-ST-ZIP JAY, FL 32565

TITLE DP ☐ Change ☒ Addition  
NAME Jackson, Leon  
STREET ADDRESS 5001 Dogwood Lane  
CITY-ST-ZIP Jay, Florida 32565

TITLE D ☐ Delete  
NAME DOBSOM, ROGER  
STREET ADDRESS 4011 RANGE RD.  
CITY-ST-ZIP JAY, FL 32565

TITLE DS ☐ Change ☒ Addition  
NAME Jackson, Linda  
STREET ADDRESS 5001 Dogwood Lane  
CITY-ST-ZIP Jay, Florida 32565

TITLE D ☒ Delete  
NAME SUMERLIN, DAWN  
STREET ADDRESS 2325 HARVEST RD  
CITY-ST-ZIP JAY, FL 32565

TITLE DV ☐ Change ☒ Addition  
NAME Lloyd, Adone  
STREET ADDRESS 3085 Smith Lane  
CITY-ST-ZIP Jay, Florida 32565

TITLE T ☐ Delete  
NAME BROWN, WILLIAM M.  
STREET ADDRESS 13298 HWY 197  
CITY-ST-ZIP JAY, FL 32565

TITLE D ☐ Change ☒ Addition  
NAME Lloyd, Nancy  
STREET ADDRESS 3085 Smith Lane  
CITY-ST-ZIP Jay, Florida 32565

TITLE DP ☒ Delete  
NAME LOWRY, HENRY  
STREET ADDRESS 3701 HAZEL GODWIN ROAD  
CITY-ST-ZIP JAY, FL 32565

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

TITLE DS ☒ Delete  
NAME LOWRY, JANET  
STREET ADDRESS 3701 HAZEL GODWIN ROAD  
CITY-ST-ZIP JAY, FL 32565

TITLE ☐ Change ☐ Addition  
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:** *William M. Brown* William M. Brown 4-15-04 850-675-6514

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #