## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham 🔒

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

Principal Place of Business

N05686

(3)

Mailing Address

CINNAMON STREET BAPTIST CHURCH, INC.

C/O LEROY DALRYMPLE CORNER OF CINNAMON ST. & IRISH STREET SO.  P.O. BOX 552 MIDDLEBURG FL 32050-0552									
MIDDLEBURG	FL 32068					3. Date incorporated or Qualified 10/16/1984	3a. Date of 02/	Last R 26/19	port 96
2. Principal I	Place of Business	2a. Mailing Address 26				4. FEI Number 59-2875177	,	· · · · · · · · · · · · · · · · · · ·	plied For t Applicable
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	图 \$1	8.75 / Fee Re	Additional quired
City & Sta	ate	City & State				Election Campaign Financing     Trust Fund Contribution		5.00 Added 1	May Be o Fees
Zip 24	Country 25		Cou	ntry		8. This corporation has liability for in Florida Statutes	ntangible tax u Yes 🔲 No		199.032,
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Re-	platered Agen	<u>ıt</u>	
				81	Name				
DALRYMPLE, LEE ROY					Street Ad	ddress (P.O. Box Number is Not Acceptab	le)		
CORNER OF CINNAMON & IRISH ST. SOUTH				83	3				
MIDUL	EBURG FL 32068								
	4			84	City		FL 85	Zip t	Code
office or	I to the provisions of Sections 617.0502 registored agent, or both, in the State o am familiar with, and accept the obligat	of Florida. Such change was au	ithorized	vo b	the corpo	orporation submits this statement for the p ration's board of directors. I hereby accep	urpose of cha t the appointn	nging it nent as	s registered registered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE	Registered	Agen	nt signature re	quired when reinstating)	DATE		<del></del>
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND DIR	ECTOR	S IN 12
TITLE	D	☐ DELETE		1.1 TITLE				Change	Addition
NAME	WINDOM, RICHARD	<del>-</del>	1.2 NA	1.2 NAME			_	Ť	·—
STREET ADDRESS				1.3 STREET ADDRESS					
CITY-ST-ZIP	MIDDLEBURG FL			1.4 CITY-ST-ZIP		<b>'</b> :			
TITLE	D			2.1 TITLE		- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Change	Addition
NAME	NORMAN, RICHARD			2.2 NAME			_	·	_
STREET ADDRESS	RT. 1, BOX 985			2.3 STREET ADDRESS					
CITY-ST-ZIP	A A A A POPULATION AND		1	2. 4 CITY-ST-ZIP					
TITLE				3.1 TITLE				Change	Addition
NAME				3.2 NAME				•	
STREET ADDRESS	20 Cinnamon St.			3.3 STREET ADDRESS					
CITY-SI-ZIP	MIDDLEBURG FL		3.4. CITY-ST-ZIP						
TITLE		AS DELETE			) - 4 <u>.</u> 11			Change	Addition
NAME	NEELEY, BARBARA			AME			ا سے		
STREET ADDRESS	*** W AFABAU AT				ADDRESS				
CITY-\$1-ZIP	TALLAHASSEE FL			TY-\$T					
TITLE	D	DELETE	5.1 Til		<u>*"</u>			Change	Addition
NAME	VERNON, TONY R.		5.2 NA					•	
STREET ADDRESS	A ITE IDIA AT		1		ADDRESS				
CITY-ST-ZIP	MIDDLEBURG FL		1	TY-ST					
TITLE	1	☐ DELETE	6.1 Tr					Change	Addition
NAME	VAUGHN, DALRYMPLE	_	6.2 NA		1		_	•	
STREET ADDRESS		+			ADDRESS				
CITY-ST-ZIP	MIDDLEBURG FL			ity-st	· · · · · · · · · · · · · · · · · · ·				
14. I do here	eby certify that the information supplied	with this filing does not qualify	for the	exer	nption sta	ted in Section 119.07(3)(i), Florida Statute	s. I further cer	tify that	the
informati Lam an	ion indicated on this annual report or su	applemental annual report is tri The receiver or trustee empowe	ue and a cred to e	accu	ráte and t	hat my signature shall have the same lega port as required by Chapter 617, Florida S	l effect as if m	iade un	der oath; that

SIGNATURE: DR. LEERDY DALRYMPLE 1-6-97

904-282-0881

**FILED** 

Feb 25 1997 8:00am

Secretary of State