


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 03 1998 8:00am  
Secretary of State

|  |   |   |
|--|---|---|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **N05686** (3)

1. Corporation Name

**CINNAMON STREET BAPTIST CHURCH, INC.**

|   |                                       |
|---|---------------------------------------|
| Principal Place of Business   | Mailing Address                       |
| C/O LEROY DALRYMPLE<br>CORNER OF CINNAMON ST. & IRISH STREET SO.<br>MIDDLEBURG FL 32068 | P.O. BOX 552<br>MIDDLEBURG FL 32050-Y |

3. Date Incorporated or Qualified

**10/16/1984**

4. FEI Number

**59-2875177**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

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 **CHURCH**

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

**DALRYMPLE, LEE ROY  
CORNER OF CINNAMON & IRISH ST. SOUTH  
MIDDLEBURG FL 32068**

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

|                |                              |                                 |
|----------------|------------------------------|---------------------------------|
| TITLE          | <b>D</b>                     | <input type="checkbox"/> DELETE |
| NAME           | <b>WINDOM, RICHARD</b>       |                                 |
| STREET ADDRESS | <b>5192 CATER SPENCER RD</b> |                                 |
| CITY-ST-ZIP    | <b>MIDDLEBURG FL</b>         |                                 |

|                |                        |                                 |
|----------------|------------------------|---------------------------------|
| TITLE          | <b>D</b>               | <input type="checkbox"/> DELETE |
| NAME           | <b>NORMAN, RICHARD</b> |                                 |
| STREET ADDRESS | <b>RT. 1, BOX 985</b>  |                                 |
| CITY-ST-ZIP    | <b>LAWTEY FL</b>       |                                 |

|                |                           |                                 |
|----------------|---------------------------|---------------------------------|
| TITLE          | <b>PD</b>                 | <input type="checkbox"/> DELETE |
| NAME           | <b>DALRYMPLE, LEE ROY</b> |                                 |
| STREET ADDRESS | <b>20 CINNAMON ST</b>     |                                 |
| CITY-ST-ZIP    | <b>MIDDLEBURG FL</b>      |                                 |

|                |                           |                                 |
|----------------|---------------------------|---------------------------------|
| TITLE          | <b>AS</b>                 | <input type="checkbox"/> DELETE |
| NAME           | <b>NEELEY, BARBARA</b>    |                                 |
| STREET ADDRESS | <b>225 W. GEORGIA ST.</b> |                                 |
| CITY-ST-ZIP    | <b>TALLAHASSEE FL</b>     |                                 |

|                |                        |                                 |
|----------------|------------------------|---------------------------------|
| TITLE          | <b>D</b>               | <input type="checkbox"/> DELETE |
| NAME           | <b>VERNON, TONY R.</b> |                                 |
| STREET ADDRESS | <b>2475 IRIS ST</b>    |                                 |
| CITY-ST-ZIP    | <b>MIDDLEBURG FL</b>   |                                 |

|                |                          |                                 |
|----------------|--------------------------|---------------------------------|
| TITLE          | <b>T</b>                 | <input type="checkbox"/> DELETE |
| NAME           | <b>VAUGHN, DALRYMPLE</b> |                                 |
| STREET ADDRESS | <b>57 N COCOA STREET</b> |                                 |
| CITY-ST-ZIP    | <b>MIDDLEBURG FL</b>     |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |   |
|--------------------|---|
| 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:

*Dalrymple* 1-20-1998 904-282-0881

CR2E037 (10/97)