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Feb 05, 1999 8:00am
Secretary of State

02-05-1999 90018 050 *****70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N05686**

1. Corporation Name

CINNAMON STREET BAPTIST CHURCH, INC.

Principal Place of Business

C/O LEROY DALRYMPLE
CORNER OF CINNAMON ST. & IRISH STREET SO.
MIDDLEBURG FL 32068

Mailing Address

P.O. BOX 552
MIDDLEBURG FL 32050-Y



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

10/16/1984

4. FEI Number

59-2875177

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 ☐ DELETE

NAME **D. WINDOM, RICHARD**
STREET ADDRESS **5192 CATER SPENCER RD**
CITY-ST-ZIP **MIDDLEBURG FL**

TITLE ☐ DELETE

NAME **D. NORMAN, RICHARD**
STREET ADDRESS **RT. 1, BOX 985**
CITY-ST-ZIP **LAWTEY FL**

TITLE ☐ DELETE

NAME **PD DALRYMPLE, LEE ROY**
STREET ADDRESS **20 CINNAMON ST**
CITY-ST-ZIP **MIDDLEBURG FL**

TITLE ☐ DELETE

NAME **AS NEELEY, BARBARA**
STREET ADDRESS **225 W. GEORGIA ST.**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE ☐ DELETE

NAME **D. VERNON, TONY R.**
STREET ADDRESS **2475 IRIS ST**
CITY-ST-ZIP **MIDDLEBURG FL**

TITLE ☐ DELETE

NAME **T. VAUGHN, DALRYMPLE**
STREET ADDRESS **57 N COCOA STREET**
CITY-ST-ZIP **MIDDLEBURG FL**

13.

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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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, with all other like empowered.

SIGNATURE:  SIGNATURE REQUIRED

Date

Daytime Phone #

1-15-99 904-282-088