

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N05686

1. Entity Name

CINNAMON STREET BAPTIST CHURCH, INC.

Principal Place of Business

Mailing Address

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

P.O. BOX 552  
MIDDLEBURG FL 32050-0552

2. Principal Place of Business

20 Cinnamon Street

3. Mailing Address

P.O. Box 552

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Middleburg, Florida

City & State

Middleburg, Florida

Zip

32068

Country

Clay

Zip

32050

Country

Clay

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete

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

TITLE ☐ Delete

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

TITLE ☐ Delete

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

TITLE ☐ Delete

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

TITLE ☐ Delete

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

TITLE ☐ Delete

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

LEROY DALRYMPLE  
Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED  
Feb 01, 2000 8:00 am  
Secretary of State

02-01-2000 90016 028 \*\*\*\*70.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2875177

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

CR2E037 (9/99)

Jan 10, 2000 904-292-0881  
Date Daytime Phone #