

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 12, 2004 8:00 am
Secretary of State

08-12-2004 90003 022 ****61.25

DOCUMENT # N05686

1. Entity Name

CINNAMON STREET BAPTIST CHURCH, INC.



Principal Place of Business

20 CINNAMON STREET
MIDDLEBURG FL 32068

Mailing Address

P.O. BOX 552
MIDDLEBURG FL 32050-Y

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2875177

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



MOORE

CR2E037 (4/04)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

FILE NOW: FEE IS \$61.25
Due By September 8, 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	D	<input type="checkbox"/> Delete
NAME	WINDOM, RICHARD	
STREET ADDRESS	5192 CATER SPENCER RD	
CITY-ST-ZIP	MIDDLEBURG FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	NORMAN, RICHARD	
STREET ADDRESS	RT. 1, BOX 985	
CITY-ST-ZIP	LAWTEY-FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DALRYMPLE, LEE ROY	
STREET ADDRESS	20 CINNAMON ST	
CITY-ST-ZIP	MIDDLEBURG	
TITLE	D	<input type="checkbox"/> Delete
NAME	VERNON, TONY R.	
STREET ADDRESS	2475 IRIS ST	
CITY-ST-ZIP	MIDDLEBURG FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DALRYMPLE, VAUGHN	
STREET ADDRESS	20 CINNAMON ST	
CITY-ST-ZIP	MIDDLEBURG FL 32068	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Dr. Vaughn Dalrymple *Dr. Vaughn Dalrymple* 7/24/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(904) 231-6735