

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 26, 2007 8:00 am
Secretary of State

01-26-2007 90041 045 *****70.00

DOCUMENT # N05686

1. Entity Name

CINNAMON STREET BAPTIST CHURCH, INC.



Principal Place of Business

Mailing Address

20 CINNAMON STREET
MIDDLEBURG FL 32068

P.O. BOX 552
MIDDLEBURG FL 32050-Y



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-2875177

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

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 May 1, 2007

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

TITLE NAME	S DALRYMPLE, LESLEY	<input type="checkbox"/> Delete
STREET ADDRESS	156 N. MIMOSA AVE.	
CITY- ST- ZIP	MIDDLEBURG FL 32068	
TITLE NAME	D NORMAN, RICHARD	<input type="checkbox"/> Delete
STREET ADDRESS	RT. 1, BOX 985	
CITY- ST- ZIP	LAWTEY FL	
TITLE NAME	PD DALRYMPLE, LEE ROY	<input type="checkbox"/> Delete
STREET ADDRESS	20 CINNAMON ST	
CITY- ST- ZIP	MIDDLEBURG	
TITLE NAME	D VERNON, TONY R.	<input type="checkbox"/> Delete
STREET ADDRESS	2475 IRIS ST	
CITY- ST- ZIP	MIDDLEBURG FL	
TITLE NAME	T DALRYMPLE, VAUGHN	<input type="checkbox"/> Delete
STREET ADDRESS	20 CINNAMON ST	
CITY- ST- ZIP	MIDDLEBURG FL 32068	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY- ST- ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY- ST- ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY- ST- ZIP		
TITLE NAME	Pastor	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	156 N. MIMOSA Ave.	
CITY- ST- ZIP	Middleburg, FL 32068	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY- ST- ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Lesley Dalrymple* Lesley Dalrymple 1-21-07 904-282-0881

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #