2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2009
Secretary of State

DOCUMENT# N05686

Entity Name: CINNAMON STREET BAPTIST CHURCH, INC.

Current Principal Place of Business:

20 CINNAMON STREET
MIDDLEBURG, FL 32068

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 552
MIDDLEBURG, FL 32050Y

New Mailing Address:

P.O. BOX 552
MIDDLEBURG, FL 32050

FEI Number: 59-2875177 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: S ( ) Delete
Name: DALRYMPLE, LESLEY
Address: 156 N. MIMOSA AVE.
City-St-Zip: MIDDLEBURG, FL 32068

Title: D ( ) Delete
Name: NORMAN, RICHARD,
Address: RT. 1, BOX 985
City-St-Zip: LAWTEY, FL

Title: PD ( ) Delete
Name: DALRYMPLE, LEE ROY,
Address: 20 CINNAMON ST
City-St-Zip: MIDDLEBURG,

Title: D ( ) Delete
Name: VERNON, TONY R.
Address: 2475 IRIS ST
City-St-Zip: MIDDLEBURG, FL

Title: P ( ) Delete
Name: DALRYMPLE, VAUGHN
Address: 156 N. MIMOSA AVE.
City-St-Zip: MIDDLEBURG, FL 32068

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D ( ) Change (X) Addition
Name: WINDOM, RICHARD
Address: 5192 CARTER SPENCER RD.
City-St-Zip: MIDDLEBURG, FL 32068

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TONY R. VERNON D 01/15/2009

Electronic Signature of Signing Officer or Director — Date