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May 05 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N11672 (5)

1. Corporation Name

COMMUNITY BAPTIST CHURCH OF ST. CLOUD MANOR, INC

Principal Place of Business

3797 EDESEL AVE  
ST. CLOUD FL 34772

Mailing Address

3797 EDESEL AVE  
ST. CLOUD FL 34772-8135

3. Date Incorporated or Qualified  
10/14/1985

3a. Date of Last Report  
04/11/1996

4. FEI Number  
59-2480267

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

8. This corporation has liability for intangible tax under s. 199.03?  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WAKEFIELD, S CRAIG  
920 W. EMMETT STREET  
KISSIMMEE FL 32741

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 S ☐ DELETE

NAME EMMA JONES  
STREET ADDRESS 8797 EDESEL AVE  
CITY-ST-ZIP ST. CLOUD FL

TITLE TD ☐ DELETE

NAME ROY WHITFIELD  
STREET ADDRESS 3799 RAMBLAN AVE  
CITY-ST-ZIP ST. CLOUD FL

TITLE D ☐ DELETE

NAME JACK JONES  
STREET ADDRESS 3797 EDESEL AVE  
CITY-ST-ZIP ST. CLOUD FL

TITLE D ☐ DELETE

NAME DONALD GASKINS  
STREET ADDRESS 4020 KAISER AVE  
CITY-ST-ZIP ST. CLOUD FL

TITLE D ☒ DELETE

NAME J C LAWSON  
STREET ADDRESS 4400 CYPRESS DR  
CITY-ST-ZIP ST. CLOUD FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☒ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

D  
Robert Mann  
3845 Henry J. Ave.  
St. Cloud FL 34772

14. I do 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.

CR2E037 (9/96)