FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT

N11672

(5)

COMMUNITY BAPTIST CHURCH OF ST. CLOUD MANOR, INC Principal Place of Business Mailing Address				
•		ATOT COOF! AND		No.
		3797 EDSEL AVE ST. CLOUD FL 34772		3. Date Incorporated or Qualified
				10/14/1985 4. FEI Number Applied For
				59-2480267 Not Applicable
Principal Place of Business The Principal Place of Business		2e. Mailing Address 26		5. Certificate of Status Desired S8.75 Additional Fee Required
Suite, Apt. #, etc		Suite, Apt #, etc.		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
City & State		City & State		7. Is this nonprofit corporation a homeowners association? Yes No
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	25		0	Personal Property Tax due June 30. See Yes No
	9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New Registered Agent
		-	81 Name	
WAKEFIELD, S CRAIG			82 Street Addre	ess (P.O. Box Number is Not Acceptable)
920 W. EMMETT STREET KISSIMMEE FL 32741				
			83	i
			84 City	B5 Zip Code
11 Purguant	to the provisions of Sections 617.00	(02 and 617 1509 Florida Statutos	the above named corn	
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 em familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.				
	im familiar with, and accept the obli	gallons of, Section 617.0503, Fiori	da Statules.	
SIGNATURE	Signature, lyped or printed name of registered a	ignol and title if applicable (NOTE	Registered Agent signature require	ed when reinstating) DATE
12.	,	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	S	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	EMMA JONES		1.2 NAME	
STREET ADDRESS	8797 EDSEL AVE		1.3 STREET ADDRESS	:
CITY-ST-ZIP	ST. CLOUD FL	DELETE	1.4 CITY-ST-ZIP	Change Addition
TITLE	TO DOVE HAT PROPERTY OF	□ DECEIE	2.1 TOLE	[_] Change
NAME	ROY WHITFIELD		2.2 NAME	
STREET ADORESS	3799 RAMBLAN AVE		2 3 STREET ADDRESS	
C(TY-ST-ZIP TITLE	ST. CLOUD FL	DELETE	2 4 CITY-ST-ZIP 3.1 TITLE	Change Addition
NAME	JACK JONES	had precit	3.2 NAME	C onengo C Addition
STREET ADDRESS	3797 EDSEL AVE		3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. CLOUD FL		3.4. CITY-ST-ZIP	
TITLE	D	DELETE	4.1 TITLE	Change Addition
NAME	DONALD GASKINS		4. 2 NAME	
STREET ADDRESS	4020 KAISER AVE		4.3 STREET ADDRESS	
CITY-ST-ZIP	ST.CLOUD FL		4.4 CITY - ST - ZIP	
TITLE	D	DELETE	5.1 TITLE	Change Addition
NAME	MANN, ROBERT		5.2 NAME	
STREET ADDRESS	3845 HENDRY J. AVE.		5.3 STREET ADDRESS	İ
CITY-ST-ZIP	ST. CLOUD FL		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	Change Addition
NAME			6.2 NAME	
CIBECT ANDRECC			E 2 CYDEST ADODECC	1

14. 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 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.

64 CITY-ST-ZIP

CITY-ST-ZIP

407-892-9224

FILED

Feb 18 1998 8:00am

Secretary of State