

FILE NOW: FILING FEE IS \$61.25

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Mar 10, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N11672

1. Corporation Name

COMMUNITY BAPTIST CHURCH OF ST. CLOUD MANOR, INC

Principal Place of Business

3797 EDSSEL AVE
ST. CLOUD FL 34772

Mailing Address

3797 EDSSEL AVE
ST. CLOUD FL 34772



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	10/14/1985
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	59-2480267
24 Country	30 Country	Applied For
		Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S <input checked="" type="checkbox"/> DELETE	1.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EMMA JONES	1.2 NAME	Tracey Barrow
STREET ADDRESS	8797 EDSSEL AVE	1.3 STREET ADDRESS	1502 Kentucky Ave
CITY-ST-ZIP	ST. CLOUD FL	1.4 CITY-ST-ZIP	St. Cloud FL 34769
TITLE	TD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	TR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROY WHITFIELD	2.2 NAME	Mike Barrow
STREET ADDRESS	3799 RAMBLAN AVE	2.3 STREET ADDRESS	1502 Kentucky Ave
CITY-ST-ZIP	ST. CLOUD FL	2.4 CITY-ST-ZIP	St. Cloud FL 34769
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	TR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACK JONES	3.2 NAME	Richard Sharp
STREET ADDRESS	3797 EDSSEL AVE	3.3 STREET ADDRESS	5983 Ed Harris Ct
CITY-ST-ZIP	ST. CLOUD FL	3.4 CITY-ST-ZIP	St. Cloud FL 34771
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	TR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DONALD GASKINS	4.2 NAME	Tim Moore
STREET ADDRESS	4020 KAISER AVE	4.3 STREET ADDRESS	4601 Hickory Tree Rd.
CITY-ST-ZIP	ST. CLOUD FL	4.4 CITY-ST-ZIP	St. Cloud FL 34772
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MANN, ROBERT	5.2 NAME	Vickie Sharp
STREET ADDRESS	3845 HENDRY J. AVE.	5.3 STREET ADDRESS	5983 Ed Harris Ct
CITY-ST-ZIP	ST. CLOUD FL	5.4 CITY-ST-ZIP	St. Cloud FL 34771
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: *Vickie Sharp* **SIGNATURE REQUIRED**

3/1/99

Date

407-892-1166

Daytime Phone

CR2E037 (11/98)