

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 30, 2008 8:00 am
Secretary of State

01-30-2008 90041 001 ****61.25

DOCUMENT # N29073	
1. Entity Name CANEE CREEK BAPTIST CHURCH, INCORPORATED	

Principal Place of Business CANEE CREEK BAPTIST CHURCH 5113 STATE HWY 2 WEST DEFUNIAK SPRINGS FL 32433 US	Mailing Address CANEE CREEK BAPTIST CHURCH 5113 STATE HWY 2 WEST DEFUNIAK SPRINGS FL 32433 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E037 (10/07)

City & State	City & State
Zip	Country

4. FEI Number 59-2000779	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MATHEWS, GEORGE L 3979 STATE HWY 2 W DEFUNIAK SPGS FL 32433

7. Name and Address of New Registered Agent
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 <i>George L. Math</i> DATE <i>1-25-08</i>
Signature, typed or printed name, of registered agent and the filer (complete) (NOTE: Registered Agent signature is required when reappointing)

FILE NOW: FEE IS \$61.25 Due By May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
D DAVIS, THOMAS O 1888 HARRISON ROAD DEFUNIAK SPRINGS FL 32433	
T MATHEWS, LARRY 3979 STATE HWY 2 W DEFUNIAK SPRINGS FL 32433	
D GRAMMER, AMOS 144 WILKERSON RD DEFUNIAK SPRINGS FL 32433	☒ Delete <i>deceased</i>
C TARVIN, ELLEN 886 HARRISON RD DEFUNIAK SPRINGS FL 32433	☐ Delete
S WILKERSON, CHESTER 486 WILKERSON RD DEFUNIAK SPRINGS FL 32433	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition

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: *George L. Math* *1-25-08* *RS08344345*