FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

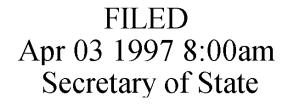
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # N93000001853 (1)

CROOM ROAD BAPTIST CHURCH, INC.

Principal Place of Business	Mailing Address
12016 CR 681	PO BOX 459
WEBSTER FL 33513	Bushnell FL 33513-0459
US	US





Principal Place	Place of Business Mailing Address			n indisting and solab state dustriability addit addit addit solar team (854) bisan issue issue			
12016 CR 681		PO BOX 459					
WEBSTER FL 33513			BUSHNELL FL 33513-0459				
US		US			3. Date Incorporated or Qualified 3s	a. Date of Last Re	enort
					04/26/1993	04/02/199	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Ap	plied For
21		26			59-3222948	No.	t Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A	dditional
22		27			5. Certificate of Status Desired	Fee Re	quired
City & State	6	City & State			6. Election Campaign Financing	\$5.00	Мау Ве
23		28			Trust Fund Contribution	Added to	o Fees
Zip	Country	Zιρ	Country	r	8. This corporation has liability for Intang		199.032,
24	25	29	30		Florida Statutes Yes		
	9. Name and Address of Curr	ent Hegistered Agent	81	Name	10. Name and Address of New Regists	red Agent	
Í			0	Name	Guylen L. Cheatham	. Sr.	ľ
	s, James		82	Street A	ddress (P.O. Box Number is Not Acceptable)		
7784 C			00		11948 SW 36th Terr:	ace-	
CENTER	R HILL FL 33514		83				
			84	City		85 Zip C	Code
					Webster	FL	507
11. Pursuarit	to the provisions of Sections 617.05	502 and 617.1508, Florida Statu	ites, the above	e-named c	corporation submits this statement for the purpor prations board of directors, hereby accept the	se of changing its	s registered
agent. I a	m familiar with, and accept the obl	igations of, Section 617.0503, F	lorid Statute	s. //	P / A C	rappointment as	- Dyisiorua
			Nuy,	lh s		/26/97	
	Signature, typied or printed name of registered a			ent signature re		ATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	DP	DELETE	1,1 TITLE		D	☐ Change	X Addition
NAMÉ	NICHOLS, JAMES		1.2 NAME		Jenevive Hannah		
STREET ADDRESS	PO BOX 386		1.3 STREET	ADDRESS	4863 SW 122nd Lane		
CITY-ST-ZIP	CENTER HILL FL		1.4 C/TY - S	IT-ZIP	Webster, FL 33597		
TITLE	D	☐ DELETE	2.1 TITLE	ľ		☐ Change	Addition
NAME	YOXTHEIMER, RUTH E		2.2 NAME				
STREET ADDRESS	11799 C R 682		2.3 STREET	ADDRESS			
CITY-ST-ZIP	WEBSTER FL		2.4 CITY-	ST-ZIP			
TITLE	D	★] DELETE	3.1 TITLE			Change	Addition
NAME	ELLIS, LUCINDA		3.2 NAME				!
STREET ADDRESS	8253 CR 674		3.3 STREET	ADDRESS			
CITY - ST - ZIP	BUSHNELL FL		3.4. CITY-	ST-ZIP			
TITLE	D	☐ DELETE	4.1 TITLE			Change	Addition
NAME	BYRUM, JOY		4, 2 NAME				
STREET ADDRESS	3263 CR 675		4.3 STREET	ADORESS			
CiTY-ST-ZIP	WEBSTER FL		4.4 CITY - S	ST - ZIP			
TITLE		DELETE	5.1 TITLE			☐ Change	Addition
NAME			5.2 NAME				Ì
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-SI- <i>Z</i> IP			5.4 CITY S	ST-ZIP			
TITLE		DELETE	6.1 TITLE			☐ Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET	ADDRESS			İ
CITY - ST - ZIP	}		6.4 CiTY - 8				
	by certify that the information suppl	lied with this filing does not qua			ated in Section 119.07(3)(i), Florida Statutes. I fe	urther 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 or tam 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.

Joy Byrum A. H. H. R. C.