

FILE NOW: FILING FEE IS \$61.25

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Apr 08 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000001853 (1)**

1. Corporation Name

CROOM ROAD BAPTIST CHURCH, INC.



Principal Place of Business		Mailing Address		3. Date Incorporated or Qualified	
12016 CR 681 WEBSTER FL 33513 US		PO BOX 450 BUSHNELL FL 33513-0450 US		04/26/1993	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	
21		26		59-3222948	
Sulte, Apt. #, etc.		Sulte, Apt. #, etc.		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
City & State		City & State		7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No	
23		28		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☒ No	
Zip		Zip			
24		29			
Country		Country			
25		30			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CHEATHAM, GUYLEN L SR 11948 SW 36TH TERRACE WEBSTER FL 33597		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D
NAME	YOXTHEIMER, RUTH E	1.2 NAME	Ed Seese
STREET ADDRESS	11799 C R 682	1.3 STREET ADDRESS	4795 SW 122 LANE
CITY-ST-ZIP	WEBSTER FL 33597	1.4 CITY-ST-ZIP	WEBSTER FL. 33597
TITLE	D	2.1 TITLE	D
NAME	BYRUM, JOY	2.2 NAME	Andrew Seese
STREET ADDRESS	3263 CR 675	2.3 STREET ADDRESS	12344 CR 684
CITY-ST-ZIP	WEBSTER FL 33597	2.4 CITY-ST-ZIP	WEBSTER FL. 33597
TITLE	D	3.1 TITLE	
NAME	HANNAH, JENEVIVE	3.2 NAME	
STREET ADDRESS	4863 SW 122ND LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	WEBSTER FL 33597	3.4 CITY-ST-ZIP	
TITLE	DC	4.1 TITLE	
NAME	ADAMS, AARON	4.2 NAME	
STREET ADDRESS	4533 CR 319	4.3 STREET ADDRESS	
CITY-ST-ZIP	BUSHNELL FL 33513	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	STADLANDER, SONYA	5.2 NAME	
STREET ADDRESS	4392 CR 691	5.3 STREET ADDRESS	
CITY-ST-ZIP	WEBSTER FL 33597	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	SWEET, JOYCE	6.2 NAME	
STREET ADDRESS	4392 CR 691	6.3 STREET ADDRESS	
CITY-ST-ZIP	WEBSTER FL 33597	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.

SIGNATURE: *Aaron Adams* *Chairman of Directors* 3/23/98 352-568-0358

CR2E037 (10/97)