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03-22-1999 90076 040 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N93000001853

1. Corporation Name

CROOM ROAD BAPTIST CHURCH, INC.

Principal Place of Business

12016 CR 681  
WEBSTER FL 33513  
US

Mailing Address

CROOM ROAD BAPTIST CHURCH, INC.  
12013 CR 681  
WEBSTER FL 33597  
US



2. Principal Place of Business

21 Croom Road Baptist Church Inc.

2a. Mailing Address

26 Croom Road Baptist Church Inc.

3. Date incorporated or Qualified

04/26/1993

Suite, Apt. #, etc.

22 12016 CR 681

Suite, Apt. #, etc.

27 12016 CR 681

4. FEI Number

59-3222948

Applied For

Not Applicable

City & State

23 WEBSTER FL.

City & State

28 WEBSTER FL.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip

24 33597

Country

25 US

Zip

29 33597

Country

30 US

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

CHEATHAM, GUYLEN L SR  
11948 SW 36TH TERRACE  
WEBSTER FL 33597

10. Name and Address of New Registered Agent

81 Name Cheatham, Guylen L Sr.

82 Street Address (P.O. Box Number is Not Acceptable)

4759 CR 688

83

84 City Webster

FL

85 Zip Code 33597

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

Guylen L. Cheatham Sr. GUYLEN L. CHEATHAM, SR. 3/21/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	YOXTHEIMER, RUTH E	
STREET ADDRESS	11799 C R 682	
CITY-ST-ZIP	WEBSTER FL 33597	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BYRUM, JOY	
STREET ADDRESS	3263 CR 675	
CITY-ST-ZIP	WEBSTER FL 33597	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HANNAH, JENEVIVE	
STREET ADDRESS	4863 SW 122ND LANE	
CITY-ST-ZIP	WEBSTER FL 33597	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	ADAMS, AARON	
STREET ADDRESS	4533 CR 319	
CITY-ST-ZIP	BUSHNELL FL 33513	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SESEEM ED	
STREET ADDRESS	4795 SW 122 LANE	
CITY-ST-ZIP	WEBSTER FL 33597	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SEESE, ANDREW	
STREET ADDRESS	12344 CR 684	
CITY-ST-ZIP	WEBSTER FL 33597	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DC ADAMS, AARON
4.3 STREET ADDRESS	3723 CR 656
4.4 CITY-ST-ZIP	WEBSTER FL. 33597
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: *Aaron Adams*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/99  
Date

352-568-0358  
Daytime Phone #

CR2E037 (1/98)