

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90295 049 \*\*\*\*61.25

**DOCUMENT # N93000001853**

1. Entity Name  
**CROOM ROAD BAPTIST CHURCH, INC.**



Principal Place of Business  
**CROOM ROAD BAPTIST CHURCH, INC**  
**12016 CR 681**  
**WEBSTER, FL 33597 US**

Mailing Address  
**CROOM ROAD BAPTIST CHURCH, INC**  
**12016 CR 681**  
**WEBSTER, FL 33597 US**

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip

4403006



01172004 Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-3222948**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**CHEATHAM, GUYLEN L SR**  
**4759 CR 688**  
**WEBSTER, FL 33597**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	CHEATHAM, BELINDA	
STREET ADDRESS	4759 CR 688	
CITY-ST-ZIP	WEBSTER, FL 33597	
TITLE	DC	<input checked="" type="checkbox"/> Delete
NAME	ALFONSO, LOUIS R	
STREET ADDRESS	11799 CR 682	
CITY-ST-ZIP	WEBSTER, FL 33597	
TITLE	D	<input type="checkbox"/> Delete
NAME	CALDWELL, ISABEL	
STREET ADDRESS	4890 SW 121ST RD	
CITY-ST-ZIP	WEBSTER, FL 33597	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GIBSON, JILL	
STREET ADDRESS	13183 SW 39 ST	
CITY-ST-ZIP	WEBSTER, FL 33597	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Clark, Dr. Richard	
STREET ADDRESS	3723 CR 656	
CITY-ST-ZIP	Webster FL 33597	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALFONSO, LOUIS R	
STREET ADDRESS	11799 CR 682	
CITY-ST-ZIP	Webster, FL 33597	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Belinda Y. Cheatham* *Belinda Y. Cheatham* 3/10/04 (352-793-9778)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR