FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

19962-7-96

DIVISION OF CORPORATIONS

DOCUMENT # 706592 THE CENTRAL AVENUE BAPTIST CHURCH, INC

Principal Place of Business		Mailing Address						
6609 CENTR. TAMPA FL 3		6608 CENTRAL AVE TAMPA FL 33604						
					3. Date Incorporated or Qualified 12/26/1963	3a. Date of Las 05/01/		
2. Principal F	Place of Business	2a. Mailing Address		•	4. FEI Number		Applied For	
21		26			59-0737860		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Regulred		
City & Sta	le	City & State			6. Election Campaign Financing \$5.00 May Be			7
23		28			Trust Fund Contribution	Add	ed to Fees	_
Ziρ	Zip Country Zip 25 29		Country 30			8. This corporation has liability for Intangible tax under s. 199.032, Florida Statutes Yes No		
24	9. Name and Address of Current Registered Agent		30]	10. Name and Address of New Registered Ag				
	b. Hame und Alberton of Carrer	. Trogramme rigarit	•	81 Name	To. Italia dila Piana	gioloida rigolii		+
CROW.	H. WAYNE		ļ		600			4
217 W. LINEBAUGH AVE.				82 Street Ad	ddress (P.O. Box Number is Not Acceptable)		
TAMPA FL 33612			f	83				1
				0.0		last •		4
				84 City		FL 65 2	Zip Code	
11. Pursuant or registe familiar w	to the provisions of Sections 617.050? ered agent, or both, in the State of Floric with, and accept the obligations of, Section	and 617.1508, Florida Statutes da. Such change was authorize ion 617.0503, Florida Statutes.	s, the above d by the c	e-named corporation's b	poration submits this statement for the purp loard of directors. I hereby accept the appoil	ose of changing its ntment as registere	registered office of agent. I am	,
SIGNATURE	Signature, typed or printed name of registered agen.	and the develophs. AIOT	E: Booktoned	Annat vinnat un una	gured when reinstating)	DATE	 	_
12.	OFFICERS AN		13.	Agent signature req	ADDITIONS/CHANGES TO OFFIC		ORS IN 12	⊣ଝି
TITLE	PD	DELETE	1.1 TIT	LE		☐ Change	Addition	(12/95)
NAME	CROW, H. WAYNE		1.2 NA	ME				, <u>~</u>
STREET ADDRESS	217 W. LINEBAUGH AVE.		1.3 \$7	REET ADDRESS				
CITY-ST-ZIP	TAMPA FL		1,4 C(T	Y - ST - ZIP				CR2E037
TITLE	D	DELETE	2 1 TIT	LE		☐ Change	Addition	ျပ
NAME	OLIVER, LEO		2 2 NA	ME				
STREET ADDRESS			2 3 STI	REET ADDRESS				
CITY-ST-ZIP	BRANDON FL		_	TY-ST-7IP				_
TITLE	D DAVENDODT DONALD	PA CETE	3 1 111		KRID	Change	Addition	
NAME	DAVENPORT, RONALD 3118 W SLIGH AVE	•	3.2 NA		KELDIE, ROBERT			
STREET ADDRESS	TAMPA FL			REET ADDRESS	10625 BROKEN ARROW	DR.		
CITY - ST - ZIP	TD	DELETE	3.4. CI 4.1 TIT	TY-ST-ZIP	THUNOTOSASSA, FL	Change	☐ Addition	-
NAME	HANSEN, KALI	[_]btttit	4.1 III 4.2 N/			Criange	L Advisor	
STREET ADDRESS	ANA E CAMANOUE			REET ADDRESS				
CITY-ST-ZIP	TAMPA FL			Y-ST-ZIP		75 ·]
TITLE	D	DELETE	5 1 TiT			☐ Change	☐ Addition	4
NAME	CROSSON, RAY		5.2 NA					
STREET ADDRESS	1000 AMADWILLO			REET ADDRESS				
CITY-ST-ZIP	BRANDON FL			Y_\$1.78				

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

6.1 TITLE

6.2 NAME

63 STREET ADDRESS

6.4 DITY-ST-ZIP

VAUGHN, DONALD E.

TAMPA FL

4629 W KENSINGTON AVE.

TITLE

NAME

STHEET ADDRESS

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

Change

Addition