2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Aug 04, 2005 8:00 am Secretary of State DOCUMENT # 706592 1. Entity Name 08-04-2005 90002 047 \*\*\*\*70.00 THE CENTRAL AVENUE BAPTIST CHURCH, INC Principal Place of Business Mailing Address 6608 CENTRAL AVE TAMPA FL 33604 6608 CENTRAL AVE TAMPA FL 33604 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 2nd MOORE CR2E037 (5/05) City & State City & State 4. FEI Number Applied For 59-0737860 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired tillsbonou sh Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CROW, H. WAYNE Street Address (P.O. Box Number is Not Acceptable) 217 W. LINEBAUGH AVE. TAMPA FL 33612 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By September 7, 2005 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. CROW, H. WAYNE TITLE ☐ Delete TITLE ☐ Change X Addition 217 W. LINEBAUGH AVE. NAME ISAACPABLO CASTILLO NAME 4503 W. HENRY +000, E1. 33614 TAMPA FL STREET ADDRESS STREET ADDRESS CITY-\$1-7iP CITY-ST-ZIP TD HANSEN, KALL TITLE Delete TITLE ☐ Addition 2016 E. CAMANCHE NAME NAME 1496 CR 478 STREET ADDRESS TAMPA FL STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CROSSON, RAY Delete TITLE ☐ Change ☐ Addition NAME 1306 AMARYLLIS NAME STREET ADDRESS **BRANDON FL** STREET ADDRESS CITY-ST-7IP CITY-ST-71P VAUGHN, DONALD E. TITLE Delete TITLE ☐ Change ☐ Addition 4629 W KENSINGTON AVE. NAME NAME STREET ADDRESS TAMPA FL STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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

SIGNATURE:

JURYNE CROW

HWayne Crow Aug 05

FILED