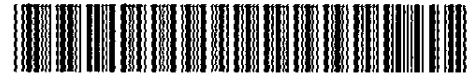


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # 706592			
1. Entity Name THE CENTRAL AVENUE BAPTIST CHURCH, INC			
Principal Place of Business 6608 CENTRAL AVE TAMPA FL 33604 US		Mailing Address 6608 CENTRAL AVE TAMPA FL 33604 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent CROW, H. WAYNE 217 W. LINEBAUGH AVE. TAMPA FL 33612			
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 _____ Signature typed or printed name of registered agent and info if applicable. (NOTE: Registered Agent signature required when reappointing) DATE _____			
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CROW, H. WAYNE 217 W. LINEBAUGH AVE. TAMPA FL	☐ Delete	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAUGHAN, DONALD E 1496 CE 478 ST CATHERINE FL 33575	☐ Delete	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASTILLO, ISAAC PABLO 4503 W. HENRY TAMPA FL 33614	☐ Delete	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Add



1st MOORE CR2E037 (10/05)

4. FEI Number **59-0737860** ☐ Applied For ☒ Not Applicable

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

**Make Check Payable to
Florida Department of State**

**U000000424100
02/18/06-80034-018 70.00**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *H. Wayne Crow* *H. Wayne Crow* 2/12/06