

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 01, 2007 8:00 am
Secretary of State

03-01-2007 90015 022 ****61.25

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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-0737860	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
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		
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 _____ (NOT: Registered Agent signature retained when renewing)		
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		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			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			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VAUGHAN, DONALD E 1496 CE 478 ST CATHERINE FL 33575	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CASTILLO, ISAAC PABLO 4503 W. HENRY TAMPA FL 33614	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete				
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: <u>H Wayne Crow</u> <u>H WAYNE CROW</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

1/27/07

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