

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708601

FILED  
Jan 18, 2009  
Secretary of State

**Entity Name:** CENTRAL BAPTIST CHURCH, FORT MYERS, FLORIDA, INC.

**Current Principal Place of Business:**

3208 CENTRAL AVENUE  
FT. MYERS, FL 33901

**New Principal Place of Business:**

**Current Mailing Address:**

3208 CENTRAL AVENUE  
FT. MYERS, FL 33901

**New Mailing Address:**

**FEI Number:** 59-1459608      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STEVENS, NELDA  
3131 RIVER GROVE CIRCLE  
FORT MYERS, FL 33905 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: TR       Delete  
Name: DAVIS, JACK  
Address: 4961 NEAL RD  
City-St-Zip: FORT MYERS, FL 33905

Title: TR       Delete  
Name: MOORE, CHARLES  
Address: 3129 RIVER GROVE CIRCLE  
City-St-Zip: FORT MYERS, FL 33905

Title: TR       Delete  
Name: LINGLE, GEORGE  
Address: 118 POWELL CREEK CIRCLE  
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: T       Delete  
Name: HOSKINS, GINA  
Address: 3129 RIVER GROVE CIRCLE  
City-St-Zip: FORT MYERS, FL 33905

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:       Change  Addition  
Name:  
Address:  
City-St-Zip:

Title:       Change  Addition  
Name:  
Address:  
City-St-Zip:

Title:       Change  Addition  
Name:  
Address:  
City-St-Zip:

Title:       Change  Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GINA HOSKINS

T

01/18/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date