2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 14, 2001 8:00 am ³ **DOCUMENT # 711225** Secretary of State 1. Entity Name CENTRAL BAPTIST CHURCH, FORT WALTON BEACH, FLORI 03-14-2001 90208 008 ****61.25 Principal Place of Business Mailing Address 710 JAMES LEE RD. 710 JAMES LEE RD. FT. WALTON BCH. FL 32547-2220 FT. WALTON BCH. FL 32547-2220 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2391210 Not Applicable \$8,75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Courtney Herald Street Address (P.O. Box Number is Not Acceptable) OTIS N LYNCH JR 711 OVERBROOK DR 1635 Janet Lane FT WALTON BEACH FL 32547 Fort Walton Beach 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. Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: П Trust Fund Contribution. **Department of State** Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. $\overline{\mathsf{VD}}$ Change ☐ Addition Delete TITI F TITLE Blalock, James 309 Revere Dr. Fort Walton Beach, FL 38547 NAME MUHLBACH, GEORGE NAME STREET ADDRESS 106 AZALEA CIR. STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP VALPARAISO FL 32580 ☐ Addition M Change TITLE D Delete Herald, Courtney 1635 Janet Lane NAME NAME O'QUINN, JOHN STREET ADDRESS STREET ADDRESS 19 BLENHEIM ROAD CITY-ST-ZIP Fort Walton Beach, FL 32547 CITY-ST-ZIP SHALIMAR FL 32570 ☐ Addition ☐ Change TITLE ~ PDT-☐ Delete TITLE NAME NAME LYNCH, OTIS N. STREET ADDRESS STREET ADDRESS 711 OVERBROOK DR CITY-ST-ZIP CITY-ST-ZIP FT. WALTON BCH. FL 32547 ☐ Addition Change TITLE TITLE ☐ Delete NAME NAME O'QUINN, JOHN JR. STREET ADDRESS STREET ADDRESS 640 FAIRWAY AVE NE CITY-ST-ZIP CITY-ST-ZIP FT. WALTON BCH. FL 32547 Change ☐ Addition TITLE TITLE ☐ Delete McCollum Richard NAME NAME MCCOLLOM, RICHARD 22 Sharilyn Dr. STREET ADDRESS STREET ADDRESS 22 SHARILYNN DR 32579 CITY-ST-ZIP Shalimar, FL CITY-ST-ZIP SHALIMAR FL 32579 ☐ Change ☐ Addition ☐ Delete TITLE NAME BAILEY, KEVIN NAME STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

2007 BOB WHITE CT

MARY ESTHER FL 32569

Courtney Herald