

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

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02-11-2002 90153 044 ****61.25

DOCUMENT # 711225

1. Entity Name
CENTRAL BAPTIST CHURCH, FORT WALTON BEACH, FLORIDA, INC.

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**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
59-2391210 Not Applicable

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

6. Name and Address of Current Registered Agent
HERALD, COURTNEY
1635 JANET LANE
FORT WALTON BEACH FL 32547

7. Name and Address of New Registered Agent
 Name **JOHN I. O'QUINN SR**
 Street Address (P.O. Box Number is Not Acceptable)
19 BLENHEIM RD.
 City **SHALIMAR** FL Zip Code **32579**

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.

SIGNATURE John I. O'Quinn Sr John I. O'Quinn Sr 23-Jan-02
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 Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BLALOCK, JAMES 209 REVERE DR FORT WALTON BEACH FL 32547	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete SD HERALD, COURTNEY 1635 JANET LANE FORT WALTON BEACH FL 32547	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SD JOHN I. O'QUINN SR. 19 BLENHEIM RD. SHALIMAR FL 32579
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete PDT LYNCH, OTIS N. 711 OVERBROOK DR FT. WALTON BCH. FL 32547	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete T O'QUINN, JOHN JR. 640 FAIRWAY AVE NE FT. WALTON BCH. FL 32547	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete T MCCOLLUM, RICHARD 22 SHARILYN DR SHALIMAR FL 32579	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete T BAILEY, KEVIN 2007 BOB WHITE CT MARY ESTHER FL 32569	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: John I. O'Quinn Sr John I. O'Quinn Sr (T) 1-23-02 (850) 863-9079
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)