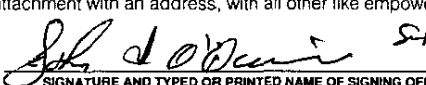


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90069 006 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                 |                                                                                     |                                                       |                                                                                   |                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT # 711225</b><br>1. Entity Name<br><b>CENTRAL BAPTIST CHURCH, FORT WALTON BEACH, FLORIDA, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                 |                                                                                     |                                                       |  |                                                                   |
| Principal Place of Business<br><b>710 JAMES LEE RD.<br/>FT. WALTON BCH. FL 32547-2220</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                 |                                                                                     |                                                       | Mailing Address<br><b>710 JAMES LEE RD.<br/>FT. WALTON BCH. FL 32547-2220</b>     |                                                                   |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                 |                                                                                     |                                                       | 7. Name and Address of New Registered Agent                                       |                                                                   |
| <b>O'QUINN, SR., JOHN I<br/>19 BLENHEIM RD<br/>SHALIMAR FL 32579</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                 |                                                                                     |                                                       | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City                |                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                 |                                                                                     |                                                       | <b>FL</b>   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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                 |                                                                                     |                                                       |                                                                                   |                                                                   |
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2004</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                       | <b>\$5.00 May Be<br/>Added to Fees</b>                                            |                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                 | <b>Make Check Payable to<br/>Florida Department of State</b>                        |                                                       |                                                                                   |                                                                   |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                 |                                                                                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |                                                                                   |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>VD<br/>BLALOCK, JAMES<br/>209 REVERE DR<br/>FORT WALTON BEACH FL 32547</b>   | <input type="checkbox"/> Delete                                                     |                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>SD<br/>O'QINN, SR, JOHN I<br/>19 BLENHEIM RD<br/>SHALIMAR FL 32579</b>       | <input type="checkbox"/> Delete                                                     |                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>PDT<br/>LYNCH, OTIS N.<br/>711 OVERBROOK DR<br/>FT. WALTON BCH. FL 32547</b> | <input type="checkbox"/> Delete                                                     |                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>O'QUINN, JOHN JR.<br/>640 FAIRWAY AVE NE<br/>FT. WALTON BCH. FL 32547</b>    | <input type="checkbox"/> Delete                                                     |                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>MCCOLLUM, RICHARD<br/>22 SHARILYN DR<br/>SHALIMAR FL 32579</b>               | <input type="checkbox"/> Delete                                                     |                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>BAILEY, KEVIN<br/>2007 BOB WHITE CT<br/>MARY ESTHER FL 32569</b>             | <input type="checkbox"/> Delete                                                     |                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>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. |                                                                                 |                                                                                     |                                                       |                                                                                   |                                                                   |
| <b>SIGNATURE:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                 |                                                                                     |                                                       |                                                                                   |                                                                   |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                 |                                                                                     |                                                       |                                                                                   |                                                                   |
| <small>Date Daytime Phone #</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                 |                                                                                     |                                                       |                                                                                   |                                                                   |