

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 08, 2005 08:00 AM
Secretary of State

DOCUMENT # 711225 1. Entity Name CENTRAL BAPTIST CHURCH, FORT WALTON BEACH, FLORIDA, INC.	
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Principal Place of Business 710 JAMES LEE RD. FT. WALTON BCH., FL 32547-2220	Mailing Address 710 JAMES LEE RD. FT. WALTON BCH., FL 32547-2220
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02122005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2391210	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

O'QUINN, SR., JOHN I
19 BLENHEIM RD
SHALIMAR, FL 32579

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BLALOCK, JAMES 209 REVERE DR FORT WALTON BEACH, FL 32547
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD O'QUINN, SR, JOHN I 19 BLENHEIM RD SHALIMAR, FL 32579
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT LYNCH, OTIS M. 711 OVERBROOK DR FT. WALTON BCH., FL 32547
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	T O'QUINN, JOHN JR. 640 FAIRWAY AVE NE FT. WALTON BCH., FL 32547
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCCOLLUM, RICHARD 22 SHARILYN DR SHALIMAR, FL 32579
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BAILEY, KEVIN 2007 BOB WHITE CT MARY ESTHER, FL 32569
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04/08/05-80082-015 70.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 fee empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/6/05 (850) 863-9019