2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State
04-10-2006 90300 030 ****70.00

DOCUMENT # 711225

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

Principal Place of Business	Mailing Address
710 JAMES LEE RD. FT. WALTON BCH., FL 32547-2220	710 JAMES LEE RD. FT. WALTON BCH., FL 32547-2220

02212006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2391210 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
O'QUINN,SR., JOHN I 19 BLENHEIM RD SHALIMAR, FL 32579	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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 _____
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, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida 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	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD O'QINN, SR, JOHN I 19 BLENHEIM RD SHALIMAR, FL 32579	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PDT LYNCH, OTIS N. 711 OVERBROOK DR FT. WALTON BCH., FL 32547	■ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ROBERT L. JOHNSON 709 ROSEMONT ST. FT. WALTON BCH., FL 32547	☐ Change ■ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T O'QUINN, JOHN JR. 640 FAIRWAY AVE NE FT. WALTON BCH., FL 32547	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PDT JOHN O'QUINN JR. 640 FAIRWAY AVE. N.E. FT. WALTON BCH., FL 32547	■ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MCCOLLUM, RICHARD 22 SHARILYN DR SHALIMAR, FL 32579	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BAILEY, KEVIN 2007 BOB WHITE CT MARY ESTHER, FL 32569	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 J. O'Quinn Jr. 4/5/06 850-863-9079
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #