

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # 711225

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



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



01132007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

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 reappointing)

DATE

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	BLALOCK, JAMES
STREET ADDRESS	209 REVERE DR
CITY-ST-ZIP	FORT WALTON BEACH, FL 32547
TITLE	SD
NAME	O'QUINN, SR, JOHN I
STREET ADDRESS	19 BLENHEIM RD
CITY-ST-ZIP	SHALIMAR, FL 32579
TITLE	T
NAME	JOHNSON, ROBERT L
STREET ADDRESS	709 ROSEMONT ST
CITY-ST-ZIP	FORT WALTON BEACH, FL 32547
TITLE	PDT
NAME	O'QUINN, JOHN JR.
STREET ADDRESS	640 FAIRWAY AVE NE
CITY-ST-ZIP	FT. WALTON BCH., FL 32547
TITLE	T
NAME	MCCOLLUM, RICHARD
STREET ADDRESS	22 SHARILYN DR
CITY-ST-ZIP	SHALIMAR, FL 32579
TITLE	T
NAME	BAILEY, KEVIN
STREET ADDRESS	2007 BOB WHITE CT
CITY-ST-ZIP	MARY ESTHER, FL 32569

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01/23/07-80070-008 70.00

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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 I. O'Quinn Jr. PDT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/07

Date

850-863-4079

Daytime Phone #