## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # 711225**

1. Entity Name

## CENTRAL BAPTIST CHURCH, FORT WALTON BEACH, FLORI DA. INC.



FILED Jan 24, 2003 8:00 am Secretary of State

01-24-2003 90089 024 \*\*\*\*61.25

FT. WALTON BOH. Ft. 32547-2220  2. Principal Place of Business  Sulfe. Apt. #, etc.  City & State  C	710 JAMES LE		Mailing Address 710 JAMES LEE RD. FT. WALTON BCH. FL 32547-2220  3. Mailing Address							
Suite, Apt. #, etc.   City & State   City & City & State   City & City	TI. WALION	NII. TE 32347-2220								
City & State  City & State  Country  Zip  Country  Zip  Country  S. Certificate of Status Desired SS.75 Additional Fee Faquities  S. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  O'OUINN,SR., JOHN I 19 BLENHEM RD SHALIMAR F1, 32579  City  FL  Zip Code  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  City  FL  Zip Code  S. The above names 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  Signat	2. Principal P	Place of Business								
Zip Country Zip Country 5. Certificate of Status Desired   \$8.75 Additional record agreed of Country   Size Address of Country   Size Address of Status Desired   \$8.75 Additional record agreed required record agreed Agent   Size Address of New Registered Agent   Name   Size Address of New Registered Agent   Size Address of New R	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			<b>-</b>	CHECK HERE IF MAKING CHANGES			
Country   Zip   Country   St. Certificate of Status Desired   \$8.75 Additional Fee Required	City & Stat	ė	City & State			4. FEI Number 59	<u></u>			
O'QUINN,SR., JOHN I 19 BLENHEIM RD SHALIMAR FL 32579  City  FL  Zip Code  FL  Zip	Zip Country		Zip Cc		ıntry	5. Certificate of Sta	5. Certificate of Status Desired		\$8.75 Additional	
Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent and one if applicable  NOTE Registered Agent agreeting registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent and one if applicable  NOTE Registered Agent agreeting registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent and one if applicable  NOTE Registered Agent agreeting registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent and one if applicable  NOTE Registered Agent agreeting registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent and one if applicable  NOTE Registered Agent agreeting registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent and one if applicable  NOTE INTERNAL NOW, FEE IS \$61.25  9. Electon Campaign Financing \$5.00 May Be Added to Fees  NAME  STREET ADDRESS  OFFICERS AND DIRECTORS IN 10  ITIE  NAME  STREET ADDRESS  OFFICERS AND DIRECTORS IN 10  Change Addition  NAME  STREET ADDRESS  OTTY-ST-2P  TITLE  O'QUINN, JOHN JR.  Addition  NAME  STREET ADDRESS  OTTY-ST-2P  TITLE  O'QUINN, JOHN JR.  Addition  Addition  NAME  STREET ADDRESS  OTTY-ST-2P  TITLE  O'QUINN, JOHN JR.  Addition  Addition  City-ST-2P  TITLE  O'QUINN, JOHN JR.  Addition  City-ST-2P  TITLE  Change Addition  Addition  City-ST-2P  TITLE  Change Addition  City-ST-2P  CITY-ST-2P  TITLE  Change Addition  Addition  City-ST-2P  TITLE  Change Addition  City-ST-2P  TITLE  Change Addition  Addition  City-ST-2P  TITLE  Change Addition  City-ST-2P  TITLE  Cha		6. Name and Address of Current I	l Registered Agent		•	7. Name and Addre				1
SIGNATURE  FILE NOW: FEE IS \$61.25  9. Electon Campaign Financing Trust Fund Contribution.  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT RESTANDENSS OTHER ADDRESS OTHER					Name					
SHALIMAR FL 32579  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 primed name of registered agent and tife if applicable.				Street Address			(P.O. Box Number is Not Acceptable)			
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature, hyped or period name of registered agent and tole if applicable.   (NOTE Registered Agent signature required when reinstating)   DATE										
8. The above named entity submits this statement for the purpose of changing its registered affice 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 proted name of registered agent and 56 of applicable.	SHALIMA	R FL 325/9								
SIGNATURE    Signature   Signa					City		FL	Zip Cod	е	
SIGNATURE    Signature   Signa	8. The above	named entity submits this statement for	the purpose of changing its	registere	L ed office or regis	stered agent, or both, in the	ne State of Florida. I am t	familiar with,	and accept	1
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FILE NOW: FEE IS \$61.25  9. Election Campaign Financing		ů.								}
FILE NOW: FEE IS \$61.25  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 VD BLALOCK, JAMES   Delete   TITLE NAME   NAME   STREET ADDRESS   CITY-ST-ZIP    TITLE SD   Delete   TITLE   Delete   TITLE   NAME   NAME   O'QINN, SR, JOHN i   STREET ADDRESS   STREET ADDRESS   CITY-ST-ZIP    TITLE PDT   Delete   TITLE   NAME   STREET ADDRESS   CITY-ST-ZIP    TITLE NAME   STREET ADDRESS    CITY-ST-ZIP   TITLE   DELETE   TITLE   CHange   Addition    NAME   STREET ADDRESS   STREET ADDRESS   STREET ADDRESS    CITY-ST-ZIP   STREET ADDRESS    CITY-ST	SIGNATURE .		and title if applicable. (NOT	E: Registere	d Agent signature requ	uired 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 Florida Department of State    10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS in 10  TITLE VD BLALOCK, JAMES   Delete   TITLE NAME   NAME   STREET ADDRESS   CITY-ST-ZIP    TITLE SD   Delete   TITLE   Delete   TITLE   NAME   NAME   O'QINN, SR, JOHN i   STREET ADDRESS   STREET ADDRESS   CITY-ST-ZIP    TITLE PDT   Delete   TITLE   NAME   STREET ADDRESS   CITY-ST-ZIP    TITLE NAME   STREET ADDRESS    CITY-ST-ZIP   TITLE   DELETE   TITLE   CHange   Addition    NAME   STREET ADDRESS   STREET ADDRESS   STREET ADDRESS    CITY-ST-ZIP   STREET ADDRESS    CITY-ST				•			and the second second	ينسدون سي سيو		1
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STREET ADDRESS   2007 BOB WHITE CT   STREET ADDRESS   CITY-ST-ZIP   MARY ESTHER FL 32569   CITY-ST-ZIP										}

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:** 

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850-863-9079