

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

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

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

DOCUMENT # 711225

1. Entity Name

**CENTRAL BAPTIST CHURCH, FORT WALTON BEACH, FLORI
DA, 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**

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**

☐ CHECK HERE IF MAKING CHANGES



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

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** ☐ Delete
NAME **BLALOCK, JAMES**
STREET ADDRESS **209 REVERE DR**
CITY-ST-ZIP **FORT WALTON BEACH FL 32547**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **O'QUINN, SR, JOHN I**
STREET ADDRESS **19 BLENHEIM RD**
CITY-ST-ZIP **SHALIMAR FL 32579**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PDT** ☐ Delete
NAME **LYNCH, OTIS N.**
STREET ADDRESS **711 OVERBROOK DR**
CITY-ST-ZIP **FT. WALTON BCH. FL 32547**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **O'QUINN, JOHN JR.**
STREET ADDRESS **640 FAIRWAY AVE NE**
CITY-ST-ZIP **FT. WALTON BCH. FL 32547**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **MCCOLLUM, RICHARD**
STREET ADDRESS **22 SHARILYN DR**
CITY-ST-ZIP **SHALIMAR FL 32579**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **BAILEY, KEVIN**
STREET ADDRESS **2007 BOB WHITE CT**
CITY-ST-ZIP **MARY ESTHER FL 32569**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: *John I. Quinn*

Signature Required

T

122-03

850-863-9079

CR2E037 (10/02)