FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

NAME

STREET ADDRESS

N02049

(7)

DOCUMENT #

CENTRA Principal Place of	L BAPTIST CHURCH OF S	1 16 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
•		Mailing Address 3101 WEST FIRST STRE	FΤ					
3101 WEST FIR SANFORD FL 3		SANFORD FL 32771	Li					
5					3. Date Incorporated or C 03/20/1984	ualified 3a. (Date of Last Re 04/04/199	
2. Principal Plac	on of Business	2a, Mailing Address			4. FEI Number		Apr	plied For
21 Principal Fiac	de di Edalifedo	26			59-1499968		No	t Applicable
Suite, Apt. #,	etc.	Suite, Apt. #, etc.			5. Certificate of Status De	esired 🔲	\$8.75 A Fee Re	
City & State		City & State			6. Election Campaign Fin	6. Election Campaign Financing \$5.00 May Be		
23		28			Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Cour	ntry	8. This corporation has li	ability for intangible	tax under s. 19	39.032,
24	25	29	30		Florida Statutes	Yes		
	9. Name and Address of Curren	t Registered Agent			10. Name and Address	of New Hegistere	O Agent	
				81 Name	Bills, Dick			
YATES. Y	YATES, WORTH			82 Street A	ddress (P.O. Box Number is Not	Acceptable)		
	5520 WILSON RD				<u></u>			
SANFORD FL-32771				83	400 Geronimo Cou	rt		
-			}	84 City			85 Zip C	Code 746
				<u> </u>	Lake Mary	F	<u>L</u> 32	/40
	o the provisions of Sections 617.050 ed agent, or both, in the State of Flori h, and accept the obligations of Sec	tion 617.0503, Florida Statutes.	Dick	Bills			as registered a	igent. I am
SIGNATURE _	Signature, typed or printed name of registered agen		dent (of Trust	pured when roinstaling)	DAL		
		ID DIRECTORS	13.		ADDITIONS CHANGE			
12.	61	DELETE	1 1 TI	TLE	PTr (President of	Trustees) Change	☐ Addition
NAME	BILLS, DICK		1.2 N		(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		•	
STREET ADDRESS	400 GERONIMO COURT		1.3 S	TREET ADDRESS				
	LAKE MARY FL	•	1.4 C	ITY-ST-ZIP				
CITY-ST-ZIP TITLE	T	DELETE	2 1 T	TLE			Change	Addition
NAME	YATES, EVELENA		2.2 N	AME				
STREET ADDRESS	5520 WILSON ROAD		23 S	TREET ADDRESS				
CITY-ST-ZIP	SANFORD FL		2 4 (CITY-ST-ZIP				
TITLE	TR	DELETE	317	1146			Change	Addition
NAME	TRAUTMAN, WILLIAM E.		3 2 N	IAME				
STREET ADDRESS	4355 ROCKY RIDGE PLACE		338	STREET ADDRESS				
CITY-ST-ZIP	SANFORD FL			CITY - ST - ZIP			N Change	Addition
TITLE	ST	DELETE			STr (Secretary of	t Trustees	;) LXI change	Mudition
NAME	FARR, DAVID		4. 2	NAME				
STREET ADDRESS	106 LARKWOOD DRIVE		4.33	STREET ADDRESS				
CITY-ST-ZIP	SANFORD FL			CITY-ST-ZIP			Change	Addition
TITLE		DELETE		TITLE			□1 curanâa	☐ Modeling
NAME				NAME				
STREET ADDRESS	1			STREE! ADDRESS				
CITY - ST - ZIP				CITY-ST-ZIP			Change	Addition
TITLE		DELETE	61	TIILE			Cuantite	LJ ROGIGON

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that I am an officer or director of the corporation or trie receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

| Output | District | Distri

6.2 NAME

6 3 STREET ADDRESS

6.4 CITY - ST - ZIP