

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 30 AM 9: 53

DOCUMENT # **N03654** (3)
1. Corporation Name
CENTRAL BAPTIST CHURCH OF THE HALIFAX AREA

Principal Place of Business	Mailing Address
C/O J. KERMIT COBLE 1025 VOLUSIA AVENUE, SUITE A DAYTONA BEACH FL 32114-3421	C/O J. KERMIT COBLE 1025 VOLUSIA AVENUE, SUITE A DAYTONA BEACH FL 32114-3421

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/13/1984	3a. Date of Last Report 03/08/1994
4. FEI Number 59-0806964	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 Zip	25 Country
29 Zip	30 Country

9. Name and Address of Current Registered Agent

COBLE, J. KERMIT
1025 VOLUSIA AVENUE
SUITE A
DAYTONA BEACH FL 32020

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SANDERS, EDMOND R. (CHMN)
STREET ADDRESS	% 1025 VOLUSIA AVE.
CITY - ST - ZIP	DAYTONA BEACH FL
TITLE	SD
NAME	FREE, RUBY-S.
STREET ADDRESS	% 1025 VOLUSIA AVE.
CITY - ST - ZIP	DAYTONA BEACH FL
TITLE	T
NAME	TOZER, ALDEN
STREET ADDRESS	% 1025 VOLUSIA AVE.
CITY - ST - ZIP	DAYTONA BEACH FL
TITLE	T
NAME	MCDANIEL, ROBERT (TRUSTE)
STREET ADDRESS	% 1025 VOLUSIA AVE.
CITY - ST - ZIP	DAYTONA BEACH FL
TITLE	T
NAME	ALDAY, B-T. (TRUSTE)
STREET ADDRESS	% 1025 VOLUSIA AVE.
CITY - ST - ZIP	DAYTONA BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GOSNEY, CLIFF	
1.3 STREET ADDRESS	% 1025 Volusia Ave	
1.4 CITY - ST - ZIP	Daytona Beach, FL	
2.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	H. Pope Hamrick	
2.3 STREET ADDRESS	% 1025 Volusia Ave	
2.4 CITY - ST - ZIP	Daytona Beach, FL	
3.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Tozer, Alden	
3.3 STREET ADDRESS	% 1025 Volusia Ave	
3.4 CITY - ST - ZIP	Daytona Beach, FL	
4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Walter Compton	
4.3 STREET ADDRESS	% 1025 Volusia Ave.	
4.4 CITY - ST - ZIP	Daytona Beach, FL	
5.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Peggy Kent	
5.3 STREET ADDRESS	% 1025 Volusia Ave	
5.4 CITY - ST - ZIP	Daytona Beach, FL	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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 110.07(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 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 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE: _____ Date: **1/30/94** (964) 255-2588
 SIGNATURE AND TITLE OF PERSON IN NAME OF FILING OFFICER OR DIRECTOR: **CLIFF GOSNEY** Daytona (Form 2)