

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**FILED**  
**Feb 09, 1996 08:00 AM**  
Secretary of State

**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**

3. Date Incorporated or Qualified **06/13/1984** 3a. Date of Last Report **01/30/1995**

2. Principal Place of Business 2a. Mailing Address

4. FEI Number **59-0806964** Applied For Not Applicable

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

22 City & State 27 City & State

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

23 Zip Country 28 Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

24 25 29 30

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

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

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE	<b>PD</b> <input type="checkbox"/> DELETE
NAME	<b>GOSNEY, CLIFF</b>
STREET ADDRESS	<b>% 1025 VOLUSIA AVE.</b>
CITY-ST-ZIP	<b>DAYTONA BEACH FL</b>
TITLE	<b>SD</b> <input type="checkbox"/> DELETE
NAME	<b>HAMRICK, H. POPE</b>
STREET ADDRESS	<b>% 1025 VOLUSIA AVE.</b>
CITY-ST-ZIP	<b>DAYTONA BEACH FL</b>
TITLE	<b>T</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>TOZER, AIDEN</b>
STREET ADDRESS	<b>% 1025 VOLUSIA AVE.</b>
CITY-ST-ZIP	<b>DAYTONA BEACH FL</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE
NAME	<b>COMPTON, WALTER</b>
STREET ADDRESS	<b>% 1025 VOLUSIA AVE.</b>
CITY-ST-ZIP	<b>DAYTONA BEACH FL</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE
NAME	<b>KENT, PEGGY</b>
STREET ADDRESS	<b>% 1025 VOLUSIA AVE.</b>
CITY-ST-ZIP	<b>DAYTONA BEACH FL</b>
TITLE	<input type="checkbox"/> DELETE

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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 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 if changed, or on an attachment with an address.

**SIGNATURE:** *[Signature]* **2/6/96** **(904) 255-2588**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)