

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90078 030 ****61.25

DOCUMENT # 702450

1. Entity Name

CENTRAL BAPTIST CHURCH INC



Principal Place of Business

4235 MT. STERLING AVE.
TITUSVILLE FL 32780

Mailing Address

4235 MT. STERLING AVE.
TITUSVILLE FL 32780

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-1382766

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COX, DAVID J
4235 MT. STERLING AVE
TITUSVILLE FL 32780

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 reappointing)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

TITLE PD ☐ Delete
NAME COX, DAVID J
STREET ADDRESS 4255 MT STERLING AVE
CITY-ST-ZIP TITUSVILLE FL 32780

TITLE VPD ☐ Delete
NAME SHAFFER, RUSSELL
STREET ADDRESS 4235 MT. STERLING AVENUE
CITY-ST-ZIP TITUSVILLE FL 32780

TITLE ST ☐ Delete
NAME SUMNER, LLOYD
STREET ADDRESS 480 RANEY RD
CITY-ST-ZIP TITUSVILLE FL 32780

TITLE O ☐ Delete
NAME MURROW, HUGH
STREET ADDRESS 3342 SW HOGANNAH LANE
CITY-ST-ZIP OKEECHOBEE FL 34974

TITLE O ☒ Delete
NAME MATTHIEU, GENE
STREET ADDRESS 1130 MORSE AVENUE
CITY-ST-ZIP TITUSVILLE FL 32796

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE ☐ Change ☒ Addition
NAME JACK VITE LIGRO
STREET ADDRESS 4235 MT. STERLING AVE
CITY-ST-ZIP TITUSVILLE FL 32780

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 exemptions contained in Section 119, 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:

DAVID J. COX PRESIDENT

2/13/06 321-267-3646