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Jan 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **706592** (3)

1. Corporation Name

THE CENTRAL AVENUE BAPTIST CHURCH, INC

Principal Place of Business

6608 CENTRAL AVE
TAMPA FL 33604

Mailing Address

6608 CENTRAL AVE
TAMPA FL 33604

2. Principal Place of Business

21 6608 CENTRAL AVE

Suite, Apt. #, etc.

22

City & State

23 TAMPA, FL 33604

Zip

24 33604

Country

25 UNITED STATES

2a. Mailing Address

26 6608 CENTRAL AVE

Suite, Apt. #, etc.

27

City & State

28 TAMPA, FL 33604

Zip

29 33604

Country

30 UNITED STATES

9. Name and Address of Current Registered Agent

CROW, H. WAYNE
217 W. LINEBAUGH AVE.
TAMPA FL 33612

3. Date Incorporated or Qualified

12/26/1963

4. FEI Number

59-0737860

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐

Yes

☐

No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME CROW, H. WAYNE
STREET ADDRESS 217 W. LINEBAUGH AVE.
CITY-ST-ZIP TAMPA FL

TITLE D ☐ DELETE

NAME OLIVER, LEO
STREET ADDRESS 514 ANTHONY DRIVE
CITY-ST-ZIP BRANDON FL

TITLE TD ☐ DELETE

NAME HANSEN, KAI I
STREET ADDRESS 2016 E. CAMANCHE
CITY-ST-ZIP TAMPA FL

TITLE D ☐ DELETE

NAME CROSSON, RAY
STREET ADDRESS 1306 AMARYLLIS
CITY-ST-ZIP BRANDON FL

TITLE D ☐ DELETE

NAME VAUGHN, DONALD E.
STREET ADDRESS 4629 W KENSINGTON AVE.
CITY-ST-ZIP TAMPA FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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 REQUIRED

H. Wayne Crow 1/4/98 813 932 8129

CR2E037 (10/97)