

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 706592

1. Entity Name

THE CENTRAL AVENUE BAPTIST CHURCH, INC

Principal Place of Business

6608 CENTRAL AVE  
TAMPA FL 33604  
US

Mailing Address

6608 CENTRAL AVE  
TAMPA FL 33604

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

HILLSBOROUGH

4. FEI Number

59-0737860

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

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

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.

SIGNATURE

CROW, H. WAYNE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/14/02

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

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

☐ Delete

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

☐ Delete

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

☐ Delete

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

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

12. 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 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:

H. Wayne Crow

1/14/02 81393287

FILED  
Feb 04, 2002 8:00 am  
Secretary of State

02-04-2002 90163 004 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)