


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 31, 2007 08:00 AM
Secretary of State

DOCUMENT # 708601 1. Entity Name CENTRAL BAPTIST CHURCH, FORT MYERS, FLORIDA, INC.	
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Principal Place of Business 3208 CENTRAL AVENUE FT. MYERS, FL 33901	Mailing Address 3208 CENTRAL AVENUE FT. MYERS, FL 33901
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DO NOT WRITE IN THIS SPACE



01122007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1459608	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent STEVENS, NELDA 3131 RIVER GROVE CIRCLE FORT MYERS, FL 33905
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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, and accepts the obligations of registered agent.

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

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TR DAVIS, JACK 4961 NEAL RD FORT MYERS, FL 33905
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TR MOORE, CHARLES 3129 RIVER GROVE CIRCLE FORT MYERS, FL 33905
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TR LINGLE, GEORGE 118 POWELL CREEK CIRCLE NORTH FORT MYERS, FL 33917
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T HOSKINS, GINA 3129 RIVER GROVE CIRCLE FORT MYERS, FL 33905
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Gina Hoskins 1/31/07 239-936-1054
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #