


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 708601</b>	
1. Entity Name <b>CENTRAL BAPTIST CHURCH, FORT MYERS, FLORIDA, INC.</b>	

Principal Place of Business <b>3208 CENTRAL AVENUE FT. MYERS, FL 33901</b>	Mailing Address <b>3208 CENTRAL AVENUE FT. MYERS, FL 33901</b>
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DO NOT WRITE IN THIS SPACE



01152008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-1459608</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> 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. I am familiar with, and accept the obligations of registered agent.

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

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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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01/22/08-80025-004 61.25

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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 L. Hoskins* **1/15/08 239-9367054**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #