


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

**Jan 23, 2006 08:00 AM
Secretary of State**

DOCUMENT # 708820
 1. Entity Name
CENTRAL MISSIONARY BAPTIST CHURCH OF WEST HOLLYWOOD, INC.



Principal Place of Business Mailing Address
5001 SW 20 ST 5001 SW 20 ST
HOLLYWOOD, FL 33023 US HOLLYWOOD, FL 33023 US

DO NOT WRITE IN THIS SPACE



01102006 No Chg-NP CR2E037 (11/05)

4. FEI Number Applied For
38-3725229 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
WYNN, ABARON
2441 W UTOPIA DRIVE
MIRAMAR, FL 33023

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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 re-registering) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WYNN, ABARON
STREET ADDRESS	2441 W UTOPIA DRIVE
CITY-ST-ZIP	MIRAMAR, FL 33023
TITLE	D
NAME	WILLIAMS, ANNA
STREET ADDRESS	9121 N W 4TH AVE
CITY-ST-ZIP	MIAMI, FL 33150
TITLE	D
NAME	BROWN, ROSALIND J
STREET ADDRESS	1144 N E 209 TERR
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33179
TITLE	D
NAME	ADAMS, THELMA R
STREET ADDRESS	20020 N W 13TH AVE
CITY-ST-ZIP	MIAMI, FL 33169
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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U00000395803
01/27/06-80007-008 61.25

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: *Anna Williams* *1/10/06* *305.569.7251*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #