

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90051 010 ****61.25

DOCUMENT # 742908

1. Entity Name

CENTRAL MISSIONARY BAPTIST CHURCH, INC.



Principal Place of Business

905 E. CYPRESS STREET
P.O. BOX 1189
ARCADIA FL 34265
US

Mailing Address

905 E. CYPRESS STREET
P.O. BOX 1189
ARCADIA FL 34265
US

94059141



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2383901

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PAYNE, CLIFFORD R.
2969 SW HILLSBOROUGH AVE.
ARCADIA FL 34266

7. Name and Address of New Registered Agent

Name

Frank Giddens

Street Address (P.O. Box Number is Not Acceptable)

3490 SW Live Oak Street

City

Arcadia

FL

Zip Code
34266

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME PAYNE, CLIFFORD R. ☒ Delete
STREET ADDRESS 2969 SW HILLSBOROUGH AVE
CITY-ST-ZIP ARCADIA FL

TITLE D
NAME ALBRITTON, WYLENE ☒ Delete
STREET ADDRESS 524 WASHINGTON
CITY-ST-ZIP ARCADIA FL

TITLE TD
NAME CAMICTEA, RAUL ☐ Delete
STREET ADDRESS 83 GRANGER
CITY-ST-ZIP ARCADIA FL

TITLE T
NAME GIDDENS, SARAH K ☒ Delete
STREET ADDRESS 3490 SW LIVE OAK AVE
CITY-ST-ZIP ARCADIA FL 34266

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Change ☒ Addition
NAME Frank Giddens
STREET ADDRESS 3490 SW Live Oak Street
CITY-ST-ZIP Arcadia, FL 34266

TITLE T ☐ Change ☒ Addition
NAME Anna Hudson
STREET ADDRESS 8361 SW Gulf Street
CITY-ST-ZIP Arcadia, FL 34269

TITLE C ☐ Change ☒ Addition
NAME Ann Robbins
STREET ADDRESS 4420 NW Highway 72
CITY-ST-ZIP Arcadia, FL 34266

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-18-04