

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90347 011 ****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

40049710



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04082006

Chg-NP

CR2E037 (11/05)

4. FEI Number
80-0124767

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

GIDDENS, FRANK
3490 SW LIVE OAK STREET
ARCADIA, FL 34266

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. 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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME GIDDENS, FRANK
STREET ADDRESS 3490 SW LIVE OAK STREET
CITY-ST-ZIP ARCADIA, FL 34266

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

TITLE T ☐ Delete
NAME HUDSON, ANNA
STREET ADDRESS 8361 SW GULF STREET
CITY-ST-ZIP ARCADIA, FL 34269

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

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

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

TITLE T ☐ Delete
NAME ROBBINS, ANN
STREET ADDRESS 4420 NW HIGHWAY 72
CITY-ST-ZIP ARCADIA, FL 34266

TITLE S ☒ Change ☐ Addition
NAME Robbins, Ann
STREET ADDRESS 3188 SW Swain Avenue
CITY-ST-ZIP Arcadia, FL 34266

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition
NAME James, Charles
STREET ADDRESS 1471 NE Livingston St.
CITY-ST-ZIP Arcadia, FL 34266

TITLE ☐ Delete
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 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 12, 2006

Date

863-

Daytime Phone #