

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2007 08:00 AM
Secretary of State

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**



02212007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

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

**DO NOT WRITE
IN THIS SPACE**

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

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

TITLE S
NAME ROBBINS, ANN
STREET ADDRESS 3188 SW SWANN AVE
CITY-ST-ZIP ARCADIA, FL 34266

TITLE D
NAME JAMES, CHARLES
STREET ADDRESS 1471 NE LIVINGSTON ST
CITY-ST-ZIP ARCADIA, FL 34266

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

000000688306
04/10/07-80074-022 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-07

Date

Daytime Phone #