


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2005 08:00 AM
Secretary of State

DOCUMENT # 751323 1. Entity Name CENTRAL AVENUE BAPTIST CHURCH OF LAKE WALES, INC.	
--	---

Principal Place of Business S, INC. 113 W. CENTRAL AVENUE LAKE WALES, FL 33853	Mailing Address S, INC. 113 W. CENTRAL AVENUE LAKE WALES, FL 33853
---	---



02102005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1450869	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--

6. Name and Address of Current Registered Agent RICHARDS, GENE 4748 EASTON ST LAKE WALES, FL 33853	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 resigning) DATE

Filing Fee is \$81.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RICHARDS, GENE 4748 EASTON ST LAKE WALES, FL 33853
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR STATON, RALPH 1951 LAKE DAISY RD LOT 212 WINTER HAVEN, FL 33884
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR MAYNOR, JOHN 206 PINEY AVENUE LAKE WALES, FL 33898
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC SLON, SOWELL 1010 STAR LAKE ALTURAS, FL 33820
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JAMES, BRINKLEY 1314 LAKEVIEW RD LAKE WALES, FL 33853
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000231831
02/16/05-80048-002 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

Gene Richards
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-13-05 863-678-13063
Date Daytime Phone #