

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90072 048 ****61.25

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number
59-1450869

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**RICHARDS, GENE
4748 EASTON ST
LAKE WALES FL 33853**

7. Name and Address of New Registered Agent

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, state if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

**FILE NOW: 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

T ☐ Delete
NAME RICHARDS, GENE
STREET ADDRESS 4748 EASTON ST
CITY-ST-ZIP LAKE WALES FL 33853

TR ☒ Delete
NAME STATON, RALPH
STREET ADDRESS 1951 LAKE DAISY RD LOT 212
CITY-ST-ZIP WINTER HAVEN FL 33884

TR ☐ Delete
NAME MAYNOR, JOHN
STREET ADDRESS 206 PINEY AVENUE
CITY-ST-ZIP LAKE WALES FL 33898

DC ☐ Delete
NAME SLON, SOWELL
STREET ADDRESS 1010 STAR LAKE
CITY-ST-ZIP ALTURAS FL 33820

T ☐ Delete
NAME JAMES, BRINKLEY
STREET ADDRESS 1314 LAKEVIEW RD
CITY-ST-ZIP LAKE WALES FL 33853

☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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☐ 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 Section 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 answer like answered.

SIGNATURE:

Robert E. Richards

2-18-06 863-676-4518