

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2006 08:00 AM
Secretary of State

DOCUMENT # 751376

1. Entity Name
**CENTRAL BAPTIST CHURCH, INC., OF FLAGLER
COUNTY**



Principal Place of Business

**3751 HIGHWAY 100
BUNNELL, FL 32110**

Mailing Address

**P O BOX 1607
BUNNELL, FL 32110**



01102006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3061757

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**TURNER, BILL
802 E MAGNOLIA STREET
BUNNELL, FL 32110**

**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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**1000000401913
02/02/06-80064-018 61.25**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
TURNER, BILL
802 E MAGNOLIA STREET
BUNNELL, FL 32110**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
STEVENS, MARCIA
1194 COUNTY ROAD 65
BUNNELL, FL 32110**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
STEVEN, JAMES
1194 COUNTY ROAD 65
BUNNELL, FL 32110**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

Billy Turner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Billy Turner, PASTOR 1-21-2006 386-437-2288

Date

Daytime Phone #