


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 05, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 751376</b> 1. Entity Name <b>CENTRAL BAPTIST CHURCH, INC., OF FLAGLER COUNTY</b>	
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Principal Place of Business <b>3751 HIGHWAY 100 BUNNELL, FL 32110</b>	Mailing Address <b>P O BOX 1607 BUNNELL, FL 32110</b>
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**DO NOT WRITE IN THIS SPACE**



01302007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-3061757</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

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

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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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
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02/12/07-80030-006 61.25

**DO NOT WRITE  
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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:** Bill Turner BILL TURNER, PASTOR 1-31-2007 386-437-2288

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR Date Daytime Phone #