

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90343 048 ****61.25

DOCUMENT # 768852

1. Entity Name

**TRUSTEES OF CENTRAL BAPTIST INSTITUTIONAL
CHURCH, INC.**



Principal Place of Business

**CHURCH, INC.
524 WEST THIRD STREET
JACKSONVILLE FL 32209**

Mailing Address

**CHURCH, INC.
524 WEST THIRD STREET
JACKSONVILLE FL 32209**

20048853



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILLIAMS, TONY
8942 IVEY ROAD
JACKSONVILLE FL 32216**

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 and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **TIMMONS, EHUE**
CITY-ST-ZIP **2720 KING COLE DR
JACKSONVILLE FL 32209**

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

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **WILLIAMS, TONY**
CITY-ST-ZIP **8942 IVEY ROAD
JACKSONVILLE FL 32216**

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **BURNS, TONIA**
CITY-ST-ZIP **3875 SAN PABLO ROAD
JACKSONVILLE FL 32224**

TITLE ☒ Change ☐ Addition
NAME **(D) Burns, Tonia**
STREET ADDRESS **3875 San Pablo Road**
CITY-ST-ZIP **Jacksonville, Florida 32224**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **CRUTCHFIELD, FRED**
CITY-ST-ZIP **1144 W 30TH ST
JACKSONVILLE FL 32209**

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

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **JOHNSON, ALVIN**
CITY-ST-ZIP **5350 ARLINGTON EX. PKWY #608
JACKSONVILLE FL 32211**

TITLE ☒ Change ☐ Addition
NAME **(S) Alvin Johnson**
STREET ADDRESS **2695 University Boulevard North #B207**
CITY-ST-ZIP **Jacksonville, Florida 32211**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **DAY, JAMES**
CITY-ST-ZIP **2153 BROADWAY
JACKSONVILLE FL 32209**

TITLE ☐ Change ☐ Addition
NAME **(D) James Day**
STREET ADDRESS **2153 Broadway Avenue**
CITY-ST-ZIP **Jacksonville, Florida 32209**

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:

Antonio L. Williams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/05

904-591-1440

Daytime Phone #