

FILE NOW: FILING FEE IS \$61.25

FILED
May 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N02049** (7)
1. Corporation Name
CENTRAL BAPTIST CHURCH OF SANFORD, FLORIDA, INC.



Principal Place of Business 3101 WEST FIRST STREET SANFORD FL 32771		Mailing Address 3101 WEST FIRST STREET SANFORD FL 32771		3. Date Incorporated or Qualified 03/20/1984
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		4. FEI Number 50-1499968 Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
				7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
				8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent BILLS, DICK 400 GERONIMO CT LAKE MARY FL 32746				10. Name and Address of New Registered Agent 81 Name Trautman, William E. 82 Street Address (P.O. Box Number Is Not Acceptable) 4355 Rocky Ridge Place 83 84 City Sanford FL 85 Zip Code 32771	
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.
SIGNATURE *Wm E Trautman* **4-27-98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PTR	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PTR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BILLS, DICK			1.2 NAME	Trautman, William E.		
STREET ADDRESS	400 GERONIMO COURT			1.3 STREET ADDRESS	4355 Rocky Ridge Place		
CITY-ST-ZIP	LAKE MARY FL			1.4 CITY-ST-ZIP	Sanford, FL 32771		
TITLE	T	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	YATES, EVELENA			2.2 NAME			
STREET ADDRESS	5520 WILSON ROAD			2.3 STREET ADDRESS			
CITY-ST-ZIP	SANFORD FL			2.4 CITY-ST-ZIP			
TITLE	TR	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	VTR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	TRAUTMAN, WILLIAM E.			3.2 NAME	Barker, Ted		
STREET ADDRESS	4355 ROCKY RIDGE PLACE			3.3 STREET ADDRESS	309 Fairway Road		
CITY-ST-ZIP	SANFORD FL			3.4 CITY-ST-ZIP	Sanford, FL 32773		
TITLE	STR	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FARR, DAVID			4.2 NAME			
STREET ADDRESS	106 LARKWOOD DRIVE			4.3 STREET ADDRESS			
CITY-ST-ZIP	SANFORD FL			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.
SIGNATURE *Wm E Trautman* **William E. Trautman, President of Trustees 4-29-98 (407) 322-2014**

CR2E037 (10/97)