

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90240 007 \*\*\*\*61.25

20044144



<b>DOCUMENT # N02049</b>					
1. Entity Name CENTRAL BAPTIST CHURCH OF SANFORD, FLORIDA, INC.					
Principal Place of Business 3101 WEST FIRST STREET SANFORD, FL 32771			Mailing Address 3101 W STATE RD 46 SANFORD, FL 32771		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DAVIS, JAMES C 31 PALMETTO DR. DEBARY, FL 32713			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: <i>James C Davis</i> (NOTE: Registered Agent signature required when reinstating) DATE: _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAXON, EDDIE		NAME	JOHN WITZIG	
STREET ADDRESS	1672 EMERALD GREEN COURT		STREET ADDRESS	4832 SABELINE CIRCLE	
CITY-ST-ZIP	DELTONA, FL 327254304		CITY-ST-ZIP	SANFORD, FL 32771	
TITLE	PTR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, JAMES C		NAME		
STREET ADDRESS	31 PALMETTO DR.		STREET ADDRESS		
CITY-ST-ZIP	DEBARY, FL 327133205		CITY-ST-ZIP		
TITLE	VTR	<input checked="" type="checkbox"/> Delete	TITLE	VTR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARKER, TEDDY		NAME	RAN JERNIGAN	
STREET ADDRESS	309 FAIRWAY RD.		STREET ADDRESS	501 MORNING DOVE CIRCLE	
CITY-ST-ZIP	SANFORD, FL 327734711		CITY-ST-ZIP	FL 32746-3931	
TITLE	STR	<input checked="" type="checkbox"/> Delete	TITLE	STR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCHHOLD, VICKI		NAME	STEVE HARRIETT	
STREET ADDRESS	750 VACCINIUM WAY		STREET ADDRESS	504 GRANDVIEW AVEN.	
CITY-ST-ZIP	OSTEEN, FL 327649408		CITY-ST-ZIP	SANFORD, FL 32771	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Russell Go Asbie</i> RUSSELL GO ASBIE 4/10/05 407-322 2914					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date					
Daytime Phone #					