


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 27, 2006 8:00 am**  
**Secretary of State**

03-27-2006 90251 026 \*\*\*\*61.25

|  |  |   |   |  |  |
|--|--|---|---|--|--|
| <b>DOCUMENT # N02049</b><br>1. Entity Name<br>CENTRAL BAPTIST CHURCH OF SANFORD, FLORIDA, INC.   |  |   |   |   |  |
| Principal Place of Business<br>3101 WEST FIRST STREET<br>SANFORD, FL 32771   |  |   | Mailing Address<br>3101 W STATE RD 46<br>SANFORD, FL 32771  |  |  |
| 2. Principal Place of Business<br>3101 W. State Road 46  |  |   | 3. Mailing Address  |  |  |
| Suite, Apt. #, etc.  |  |   | Suite, Apt. #, etc.   |  |  |
| City & State<br>Sanford, FL  |  |   | City & State  |  |  |
| Zip<br>32771   |  | Country<br>Seminole   |   | Zip<br>Country   |  |
| 4. FEI Number<br>59-1499968  |  |   |   | Applied For<br><input type="checkbox"/> Not Applicable                             |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |   |   | \$8.75 Additional Fee Required   |  |
| 6. Name and Address of Current Registered Agent<br><br>DAVIS, JAMES C<br>31 PALMETTO DR.<br>DEBARY, FL 32713   |  |   | 7. Name and Address of New Registered Agent<br>Name <u>Steven D. Harriett</u><br>Street Address (P.O. Box Number is Not Acceptable)<br><u>504 Grandview Ave. N</u><br>City <u>Sanford</u> <u>FL</u> Zip Code <u>32771</u> |  |  |
| 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.<br>Trustee<br>SIGNATURE <u>Steven D. Harriett, Steven D. Harriett</u> <u>March 20, 2006</u><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |  |   |   |  |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2006</b>  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be<br/>Added to Fees</b>   |  |
| <b>Make check payable to<br/>Florida Department of State</b>   |  |   |   |  |  |
| 10. OFFICERS AND DIRECTORS   |  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | T<br>WITZIG, JOHN<br>4832 SHORELINE CIRCLE<br>SANFORD, FL 32771            | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | PTR<br>DAVIS, JAMES C<br>31 PALMETTO DR.<br>DEBARY, FL 327133205           | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | PTR<br>Grieshaber, Al Jr.<br>100 N. Summerlin Ave.<br>Sanford, FL 32771            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | VTR<br>JERNIGAN, RON<br>501 MORNING DOVE CIRCLE<br>LAKE MARY, FL 327463931 | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | VTR<br>Howden, Caple<br>530 Lanyard Ln.<br>Debarry, FL 32713                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | STR<br>HARRIETT, STEVE<br>504 GRANDVIEW AVE N<br>SANFORD, FL 32771         | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | TR<br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | STR<br>Austin, Patricia<br>420 Kimberly Ct.<br>Sanford, FL 32771                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |  |
| 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: <u>Al Grieshaber Jr.</u> <u>3/22/06 (722)</u> <u>595-2517</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>   |  |   |   |  |  |

40039201



03092006 Chg-NP CR2E037 (11/05)