


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 29, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N05152</b>		
1. Entity Name TRUSTEE CORPORATION OF THE CENTRAL BAPTIST CHURCH, INC.		
Principal Place of Business 202 SOUTHWEST TULIP BOULEVARD PORT ST. LUCIE, FL 34953	Mailing Address 202 SOUTHWEST TULIP BOULEVARD PORT ST. LUCIE, FL 34953	
<b>DO NOT WRITE IN THIS SPACE</b>		
08112005 No Chg-NP CR2E037 (10/03)		
4. FEI Number 59-2451045		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent		
ROWELL, WILLIAM 386 SW EASTPORT CIR. PORT SAINT LUCIE, FL 34953		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is <b>\$61.25</b> Due by <b>September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CT ROWELL, WILLIAM 386 SW EASTPORT CIR PORT SAINT LUCIE, FL 34953	U000000377259 08/29/05-80001-017 61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BITTLE, JERRY 5425 KOBLEGARD RD. FORT PIERCE, FL 34951	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HARDY, FRANK 4040 SW NEWPORT CIR PORT SAINT LUCIE, FL 34953	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS 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)(f), 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>William A. Rowell</u> 08-24-05 (772) 418-2520 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		