
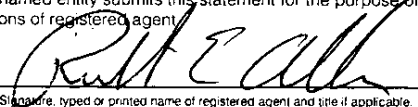
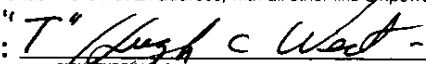


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 14, 2007 8:00 am**  
**Secretary of State**

09-14-2007 90003 014 \*\*\*\*61.25

|  |   |                     |   |   |  |
|--|---|---------------------|---|---|--|
| <b>DOCUMENT # N05152</b><br>1. Entity Name<br>TRUSTEE CORPORATION OF THE CENTRAL BAPTIST CHURCH, INC.  |   |                     |   |    |  |
| Principal Place of Business<br>202 SOUTHWEST TULIP BOULEVARD<br>PORT ST. LUCIE, FL 34953   |   |                     | Mailing Address<br>202 SOUTHWEST TULIP BOULEVARD<br>PORT ST. LUCIE, FL 34953        |   |  |
| 2. Principal Place of Business - No P.O. Box #   |   | 3. Mailing Address  |   |   |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc. |   |   |  |
| City & State   |   | City & State        |   | 4. FEI Number<br>59-2451045   |  |
| Zip  |   | Country             |   | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required  |  |
| 6. Name and Address of Current Registered Agent  |   |                     |   | 7. Name and Address of New Registered Agent   |  |
| ROWELL, WILLIAM<br>386 SW EASTPORT CIR.<br>PORT SAINT LUCIE, FL 34953  |   |                     |   | Name<br><b>ALLEN, ROBERT</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>322 SW Voltair Ter.</b><br>City<br><b>PORT ST LUCIE, FL</b> Zip Code<br><b>34984</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 <br><small>Signature, typed or printed name of registered agent and title if applicable.</small><br><b>ROBERT E. ALLEN, REG. AGNT.</b>  |   |                     |   | (NOTE: Registered Agent signature required when reinstating)<br>DATE <b>09-07-07</b>  |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by September 14, 2007</b>   |   |                     | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be</b><br><b>Added to Fees</b>                                   |
| <b>Make check payable to</b><br><b>Florida Department of State</b>   |   |                     |   |   |  |
| 10. OFFICERS AND DIRECTORS   |   |                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10   |  |
| TITLE  | CT <input checked="" type="checkbox"/> Delete |                     |   | TITLE   | T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   | ROWELL, WILLIAM                               |                     |   | NAME  | ALLEN, ROBERT  |
| STREET ADDRESS   | 386 SW EASTPORT CIR                           |                     |   | STREET ADDRESS  | 322 SW VOLTAIR TER.  |
| CITY-ST-ZIP  | PORT SAINT LUCIE, FL 34953                    |                     |   | CITY-ST-ZIP   | PORT ST LUCIE, FL. 34984   |
| TITLE  | T <input type="checkbox"/> Delete             |                     |   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition              |
| NAME   | DEMOPOULOS, LEE                               |                     |   | NAME  |  |
| STREET ADDRESS   | 2616 SW UNION AVE                             |                     |   | STREET ADDRESS  |  |
| CITY-ST-ZIP  | PORT SAINT LUCIE, FL 34953                    |                     |   | CITY-ST-ZIP   |  |
| TITLE  | T <input type="checkbox"/> Delete             |                     |   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition              |
| NAME   | SMITH, VELMA                                  |                     |   | NAME  |  |
| STREET ADDRESS   | 1974 SW AGNES ST                              |                     |   | STREET ADDRESS  |  |
| CITY-ST-ZIP  | PORT SAINT LUCIE, FL 34953                    |                     |   | CITY-ST-ZIP   |  |
| TITLE  | T <input checked="" type="checkbox"/> Delete  |                     |   | TITLE   | T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   | WARD, HENRY                                   |                     |   | NAME  | WEST, HUGH   |
| STREET ADDRESS   | 1567 SW ABINGTON AVE                          |                     |   | STREET ADDRESS  | 6307 LAKE CIRCLE DR.   |
| CITY-ST-ZIP  | PORT SAINT LUCIE, FL 34953                    |                     |   | CITY-ST-ZIP   | STUART, FL. 34997  |
| 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 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: <br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small><br><b>HUGH C. WEST</b>   |   |                     |   | Date <b>9/14/07</b><br><small>Daytime Phone #</small>   |  |