2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 09, 2005 08:00 AM DOCUMENT # N33424 1. Entity Name **Secretary of State** CENTRAL FLORIDA FREE WILL BAPTIST YOUTH BOARD, INC. Principal Place of Business Mailing Address 3204 E TRAPNELL RD PLANT CITY FL 33566 3204 E TRAPNELL RD PLANT CITY FL 33566 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) Applied For City & State City & State 4. FEI Number NO-T APPLICABLE Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name UNDERWOOD, JUDY Street Address (P.O. Box Number is Not Acceptable) 3204 E TRAPNELL RD PLANT CITY FL 33566 Zip Code City 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 Signature, typud or printed name of registered agent and fille if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5,00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2005 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. THE Change Addition Delete TITLE UNDERWOOD, JUDY NAME NAME 3204 E TRAPNELL RD STREET ADDRESS STREET ADDRESS PLANT CITY FL 33566 CITY ST ZIP CITY - ST - ZIP 7 ☐ Addition ☐ Change TITLE Delete mie ELLIOTT, CHARLIE NAME NAME 1706 JILLIAN RD STREET ADDRESS STREET ADDRESS SEFFNER FL 33584 CITY-SI-7IP CITY-ST-ZIP Change Addition Delete HHE TITLE HEEDER, JOHN NAME NAME 1620 LAURA RD STREET ADDRESS STREET ADDRESS WINTER HAVEN FL CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition ☐ Detete TITLE HOLLOWELL, DALE NAME NAME 3414 JOSEPHINE RD STREET ADDRESS STREET ADDRESS SEBRING FL 33807 CITY-ST-ZIP CITY ST-ZIP Change ☐ Addition TITLE Detele TOTAL SHAVER, JEFFREY NAME NAME 1208 E STORY RD STREET ADDRESS STRFFT ADDRESS WINTER GARDEN FL 34787 CITY-ST-7P CITY-ST-ZIP ☐ Change ☐ Addition THE Delete TITLE NAMI NAME STREET ADDRESS STREFT ADDRESS CITY-ST-ZIP CITY-ST-7IP

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: NO CHARLES NAME OF SIGNING OFFICER OR DIRECTOR

2/1/05 (813)754-718
Daylima Phone #

**FILED**