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Jan 16 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N43151** (2)

1. Corporation Name

**CENTRAL AVENUE BAPTIST CHURCH, INC.**

Principal Place of Business

**815 CENTRAL AVENUE  
LAKELAND FL 33801**

Mailing Address

**815 CENTRAL AVENUE  
LAKELAND FL 33815-4401**



3. Date Incorporated or Qualified  
**04/26/1991**

3a. Date of Last Report  
**01/24/1996**

2. Principal Place of Business

**21** Suite, Apt. #, etc

**22** City & State

**23** Zip

**25** Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip

**30** Country

4. FEI Number

**59-0722782**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**MCLEOD, JAMES  
2602 TENNESSEE ROAD  
LAKELAND FL 33801**

10. Name and Address of New Registered Agent

**81** Name

**82** Street Address (P.O. Box Number is Not Acceptable)

**83**

**84** City

**FL**

**85**

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**D**  
**MCLEOD, JAMES**  
**2602 TENNESSEE ROAD**  
**LAKELAND FL**

TITLE ☐ DELETE

**D**  
**SANDERS, HOMER C**  
**125 W CARTER ROAD**  
**LAKELAND FL**

TITLE ☐ DELETE

**D**  
**EDENFIELD, W. H.**  
**6813 RANCH ROAD**  
**LAKELAND FL**

TITLE ☐ DELETE

**D**  
**KONESKI, PHIL**  
**1502 W GATE AVE**  
**LAKELAND FL**

TITLE ☐ DELETE

**D**  
**SINGLETARY, L.W.**  
**4815 DUNN ROAD**  
**LAKELAND FL**

TITLE ☐ DELETE

**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

*James M. Leod*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*James M. Leod* - 1-6-97 (941) 688-6083  
DATE DAYTIME PHONE # 0053201

CR2E037 (9/96)