


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

**FILED**  
**Apr 19, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N98000001548</b> 1. Entity Name <b>CENTRAL BAPTIST CHURCH, AUCILLA, INC.</b>	
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Principal Place of Business <b>655 TINDELL RD MONTICELLO, FL 32844</b>	Mailing Address <b>P O BOX 163 MONTICELLO, FL 32345</b>
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**DO NOT WRITE IN THIS SPACE**



04132005 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-3568713</b>	Applied For <input type="checkbox"/> 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  <b>HOLDEN, WILLIAM E 5106 AUCILLA ROAD MONTICELLO, FL 32344</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRC HOLDEN, JOE A 966 ED BISHOP RD MONTICELLO, FL 32344
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR LEWIS, MARY E 1235 E. THOMAS RD MONTICELLO, FL 32345
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR MCKOWN, GEORGIA L 5118 E. WASHINGTON MONTICELLO, FL 32344
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR LEWIS, DOROTHY P 4167 AUCILLA RD MONTICELLO, FL 32344
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR HOLDEN, WILLIAM E 5106 AUCILLA RD MONTICELLO, FL 32344
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR ROBERTS, TONYA B 4033 N. JEFFERSON MONTICELLO, FL 32344

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: Joe A. Holden Joe A. Holden 850-997-2631  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #