

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90072 007 ****70.00

DOCUMENT # N98000001548 1. Entity Name CENTRAL BAPTIST CHURCH, AUCILLA, INC.					
Principal Place of Business 655 TINDELL RD MONTICELLO, FL 32844			Mailing Address P O BOX 163 MONTICELLO, FL 32345		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3568713	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HOLDEN, WILLIAM E 5106 AUCILLA ROAD MONTICELLO, FL 32344			Name Joe A. Holden Street Address (P.O. Box Number is Not Acceptable) 966 Ed Bishop Rd. Monticello, Fl. 32344 City FL Zip Code		
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 Joe A. Holden, Deacon TRC <i>[Signature]</i> 04-17-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when addressing)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TRC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOLDEN, JOE A		NAME		
STREET ADDRESS	966 ED BISHOP RD		STREET ADDRESS		
CITY-ST-ZIP	MONTICELLO, FL 32344		CITY-ST-ZIP		
TITLE	TR	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LEWIS, MARY E		NAME	Shirley Williams	
STREET ADDRESS	1235 E. THOMAS RD		STREET ADDRESS	1355 E. Washington St	
CITY-ST-ZIP	MONTICELLO, FL 32345		CITY-ST-ZIP	Monticello, Fl. 32344	
TITLE	TR	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MCKOWN, GEORGIA L		NAME	Lavonne Wynn	
STREET ADDRESS	5118 E. WASHINGTON		STREET ADDRESS	19548 W. US 90	
CITY-ST-ZIP	MONTICELLO, FL 32344		CITY-ST-ZIP	Greenville, Fl. 32331	
TITLE	TR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEWIS, DOROTHY P		NAME		
STREET ADDRESS	4167 AUCILLA RD		STREET ADDRESS		
CITY-ST-ZIP	MONTICELLO, FL 32344		CITY-ST-ZIP		
TITLE	TR	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HOLDEN, WILLIAM E		NAME	Ramona Kinsey	
STREET ADDRESS	5106 AUCILLA RD		STREET ADDRESS	4244 E. Washington St.	
CITY-ST-ZIP	MONTICELLO, FL 32344		CITY-ST-ZIP	Monticello, Fl. 32344	
TITLE	TR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROBERTS, TONYA B		NAME		
STREET ADDRESS	4033 N. JEFFERSON		STREET ADDRESS		
CITY-ST-ZIP	MONTICELLO, FL 32344		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: Joe A. Holden <i>[Signature]</i> 04-17-06 850-997-2431 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					