

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001548

FILED  
Mar 09, 2009  
Secretary of State

**Entity Name:** CENTRAL BAPTIST CHURCH, AUCILLA, INC.

**Current Principal Place of Business:**

655 TINDELL RD  
MONTICELLO, FL 32844

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 163  
MONTICELLO, FL 32345

**New Mailing Address:**

**FEI Number:** 59-3568713

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

HOLDEN, JOE A  
966 ED BISHOP RD  
MONTICELLO, FL 32344 US

**Name and Address of New Registered Agent:**

MORRIS, DAN  
620 N. JEFFERSON STREET  
MONTICELLO, FL 32344 US

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.

SIGNATURE: DAN MORRIS

03/09/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: TRC ( ) Delete  
Name: HOLDEN, JOE A  
Address: 966 ED BISHOP RD  
City-St-Zip: MONTICELLO, FL 32344

Title: TR ( ) Delete  
Name: WILLIAMS, SHIRLEY  
Address: 1355 EAST WASHINGTON ST  
City-St-Zip: MONTICELLO, FL 32344

Title: TR ( ) Delete  
Name: WYNN, LAVONNE  
Address: 19548 WEST US 90  
City-St-Zip: GREENVILLE, FL 32331

Title: TR ( ) Delete  
Name: LEWIS, DOROTHY P  
Address: 4167 AUCILLA RD  
City-St-Zip: MONTICELLO, FL 32344

Title: TR ( ) Delete  
Name: KISAMORE, CAROL  
Address: 9188 WAUKEENAH HWY  
City-St-Zip: MONTICELLO, FL 32344

Title: TR ( ) Delete  
Name: ROBERTS, TONYA B  
Address: 4033 N. JEFFERSON  
City-St-Zip: MONTICELLO, FL 32344

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: TRC (X) Change ( ) Addition  
Name: MORRIS, DAN  
Address: 620 N. JEFFERSON STREET  
City-St-Zip: MONTICELLO, FL 32344

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TR (X) Change ( ) Addition  
Name: MCKOWN, GEORGIA L  
Address: 5118 E. WASHINGTON STREE  
City-St-Zip: MONTICELLO, FL 32344

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHIRLEY E. WILLIAMS

TR

03/09/2009

Electronic Signature of Signing Officer or Director

Date