


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2007 08:00 A
Secretary of State

DOCUMENT # N99000003377

1. Entity Name
FIRST CENTRAL BAPTIST CULTURAL AND TRAINING CENTER, INC.



Principal Place of Business
**7558 SW COUNTY ROAD 158
 JASPER, FL 32052 US**

Mailing Address
**194 SW SUMMERS LANE
 LAKE CITY, FL 32025 US**

DO NOT WRITE IN THIS SPACE



03252007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-3579369

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FRANCIS, GEORGE
 7558 CR 15B
 JASPER, FL 32052**

DO NOT WRITE IN THIS SPACE

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 renouncing) _____ DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FRANCIS, GEORGE REV PO BOX 401 WHITE SPRINGS, FL 32096
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SCIPPIO, BERNARD 1480 NE CENTRE ST. LAKE CITY, FL 32055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCINTOSH, GLORIA 148 NW FLOWER DRIVE LAKE CITY, FL 32055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SIMON, BILLY T 1012 S.W. 8TH ST. JASPER, FL 32052
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSON, ESSIE M 194 SW SUMMERS LANE LAKE CITY, FL 32025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DANIELS, ROBERT PO BOX 1025 JASPER, FL 32052

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 04/05/07-80023-011 61.25

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: Essie Wilson **03-26-07** **386-755-1483**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #