

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003377

FILED
Mar 18, 2009
Secretary of State

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

Current Principal Place of Business:

7558 SW COUNTY ROAD 158
JASPER, FL 32052 US

New Principal Place of Business:

Current Mailing Address:

194 SW SUMMERS LANE
LAKE CITY, FL 32025 US

New Mailing Address:

FEI Number: 59-3579369

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRANCIS, GEORGE
7558 CR 158
JASPER, FL 32052 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FRANCIS, GEORGE REV
Address: PO BOX 401
City-St-Zip: WHITE SPRINGS, FL 32096

Title: VPD () Delete
Name: SCIPPIO, BERNARD
Address: 1480 NE CENTRE ST.
City-St-Zip: LAKE CITY, FL 32055

Title: SD () Delete
Name: MCINTOSH, GLORIA
Address: 146 NW FLOWER DRIVE
City-St-Zip: LAKE CITY, FL 32055

Title: TD () Delete
Name: SIMON, BILLY T
Address: 1012 S.W. 8TH ST.
City-St-Zip: JASPER, FL 32052

Title: D () Delete
Name: WILSON, ESSIE M
Address: 194 SW SUMMERS LANE
City-St-Zip: LAKE CITY, FL 32025

Title: D () Delete
Name: DANIELS, ROBERT
Address: PO BOX 1025
City-St-Zip: JASPER, FL 32052

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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City-St-Zip:

Title: () Change () Addition
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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: ESSIE WILSON

D

03/18/2009

Electronic Signature of Signing Officer or Director

_____ Date