

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02049

**Entity Name:** CENTRAL BAPTIST CHURCH OF SANFORD, FLORIDA, INC.**Current Principal Place of Business:**3101 W STATE RD 46  
SANFORD, FL 32771**Current Mailing Address:**3101 W STATE RD 46  
SANFORD, FL 32771 US**FEI Number:** 59-1499968**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**COX, LYNN TRUSTEE  
8657 CRESTED EAGLE PL  
SANFORD, FL 32771 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:** LYNN COX

06/10/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title TRUSTEE  
Name BEVERLY, LLOYD  
Address 2535 GRANDVIEW AVE  
City-State-Zip: SANFORD FL 32773

Title TRUSTEE  
Name CRUTCHFIELD, BERTIE  
Address 233 WOODS TRL  
City-State-Zip: SANFORD FL 32771

Title TRUSTEE  
Name JAQUES, GENE  
Address 312 KIMBERLY CT.  
City-State-Zip: SANFORD FL 32771

Title TRUSTEE  
Name COX, LYNN  
Address 8657 CRESTED EAGLE PL  
City-State-Zip: SANFORD FL 32771

Title TRUSTEE  
Name JERNIGAN, JAN  
Address 501 MOURNING DOVE CIR  
City-State-Zip: LAKE MARY FL 32746

Title TRUSTEE  
Name SAXON, EDDIE  
Address 1672 EMERALD GREEN CT  
City-State-Zip: DELTONA FL 32725

Title TRUSTEE  
Name DALE, ELLROY  
Address 3319 BUDKLAND STREET  
City-State-Zip: DELTONA FL 32738

*I hereby 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 all other like empowered.*

**SIGNATURE:** LYNN COX

CHAIRMAN

06/10/2015

Electronic Signature of Signing Officer/Director Detail

Date