

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 AUG 30 PM 12:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 721049 (5)

1. Corporation Name

CHRISTIAN SERVICE CENTER FOR CENTRAL FLORIDA, IN  
C.

Principal Place of Business

808 W. CENTRAL BLVD.  
ORLANDO FL 32805-8807

Mailing Address

808 W. CENTRAL BLVD.  
ORLANDO FL 32805-8807



600001940526  
-09/06/96--01003--019

\*\*\*\*\*61.25 \*\*\*\*\*61.25

3. Date Incorporated or Qualified  
05/28/1971

3a. Date of Last Report  
03/30/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number  
59-1353031

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DASHER, ARTHUR L IV  
808 W CENTRAL BLVD  
ORLANDO FL 32805

81 Name ROBERT F. STUART

82 Street Address (P.O. Box Number is Not Acceptable)  
808 West Central Blvd.

83

84 City Orlando

FL 85 Zip Code 32805

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Robert F. Stuart

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

8/26/96  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME DE TREVILLE, BRENDA CARTER  
STREET ADDRESS 8227 TANSY DRIVE  
CITY-ST-ZIP ORLANDO FL ☐ DELETE

TITLE ED  
NAME DASHER, ARTHUR L  
STREET ADDRESS 808 W CENTRAL BLVD  
CITY-ST-ZIP ORLANDO FL ☒ DELETE

TITLE T  
NAME STEINMETZ, DAVID  
STREET ADDRESS 529 SPRING CLUB DR  
CITY-ST-ZIP ALTAMONTE SPRINGS FL ☒ DELETE

TITLE SD  
NAME LATHAM, CAROL  
STREET ADDRESS 325 OAK ESTATES DR  
CITY-ST-ZIP ORLANDO FL ☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE ED  
2.2 NAME ROBERT F. STUART  
2.3 STREET ADDRESS 1408 KNOLLWOOD CIRCLE  
2.4 CITY-ST-ZIP COLLEGE PARK, FL 32804 ☒ Change ☐ Addition

3.1 TITLE V/D  
3.2 NAME GREGORY MIZELL  
3.3 STREET ADDRESS 160 SOFTWIND TRAIL  
3.4 CITY-ST-ZIP MAITLAND, FL 32751 ☒ Change ☐ Addition

4.1 TITLE S/D  
4.2 NAME DR. CHARLES HORTON  
4.3 STREET ADDRESS 1914 EDGEWATER DRIVE  
4.4 CITY-ST-ZIP ORLANDO, FL 32804 ☒ Change ☐ Addition

5.1 TITLE T/D  
5.2 NAME STEPHEN A. BROWN  
5.3 STREET ADDRESS 111 N. ORANGE AVENUE, STE 1005  
5.4 CITY-ST-ZIP ORLANDO, FL 32801 ☒ Change ☒ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert F. Stuart

8/8/96  
Date

(907)-  
425-5513  
Daytime Phone #

0004313

CR2E037 (3/96)