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Mar 25 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

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 32805-1809

3. Date Incorporated or Qualified: 05/28/1971  
3a. Date of Last Report: 08/30/1996

2. Principal Place of Business (21-24)  
2a. Mailing Address (25-28)  
22. Suite, Apt. #, etc.  
23. City & State  
24. Zip, Country

4. FEI Number: 59-1353031  
5. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing: \$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  
STUART, ROBERT  
808 W CENTRAL BLVD  
ORLANDO FL 32805

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City  
B5 Zip Code: FL

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: TREVILLE, BRENDA CARTER	1.1 TITLE:	1.2 NAME:
STREET ADDRESS: 8227 TANSY DRIVE	CITY-ST-ZIP: ORLANDO FL	1.3 STREET ADDRESS:	1.4 CITY-ST-ZIP:
TITLE: ED	NAME: STUART, ROBERT F	2.1 TITLE:	2.2 NAME:
STREET ADDRESS: 1408 KNOLLWOOD CIRCLE	CITY-ST-ZIP: COLLEGE PARK FL 32804	2.3 STREET ADDRESS:	2.4 CITY-ST-ZIP:
TITLE: VD	NAME: MIZELL, GREGORY	3.1 TITLE: VD	3.2 NAME: Dr. William S. Barnes
STREET ADDRESS: 160 SOFTWIND TRAIL	CITY-ST-ZIP: MAITLAND FL 32751	3.3 STREET ADDRESS: 4851 S. Apopka-Vineland Road	3.4 CITY-ST-ZIP: Orlando, FL 32819
TITLE: SD	NAME: HORTON, CHARLES DR	4.1 TITLE: SD	4.2 NAME: The Reverend Sean Heslin
STREET ADDRESS: 1914 EDGEWATER DRIVE	CITY-ST-ZIP: ORLANDO FL 32804	4.3 STREET ADDRESS: 215 N. Orange Ave	4.4 CITY-ST-ZIP: Orlando, FL 32801
TITLE: TD	NAME: BROWN, STEPHEN A	5.1 TITLE:	5.2 NAME:
STREET ADDRESS: 111 N ORANGE AVE, STE 1005	CITY-ST-ZIP: ORLANDO FL 32801	5.3 STREET ADDRESS:	5.4 CITY-ST-ZIP:
TITLE:	NAME:	6.1 TITLE:	6.2 NAME:
STREET ADDRESS:	CITY-ST-ZIP:	6.3 STREET ADDRESS:	6.4 CITY-ST-ZIP:

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Sean Heslin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: THE REV'D SEAN HESLIN 3/21/97 407/425-2523  
Date: 3/21/97 Daytime Phone #: 0016612

CR2E037 (9/96)