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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

721049

(5)

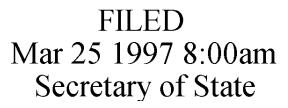
CHRISTIAN SERVICE CENTER FOR CENTRAL FLORIDA, IN C.

808 W. CENTRAL BLVD.

Principal Place of Business

Mailing Address

808 W. CENTRAL BLVD. ORLANDO FL 32805-1809





ORLANDO FL	32805-8807	ORLANDO FL 32805-1809				
					3. Date Incorporated or Qualified 05/28/1971	3a. Date of Last Report 08/30/1996
2. Principal P	Place of Business	2a. Mailing Address	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	4. FEI Number	Applied For
21		26		59-1353031	Not Applicable	
Suite, Apt	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22		27			5. Certificate of Status Desired	Fee Required
City & Stat	ro.	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
7ip	Country	Zιρ	Countr	У	8. This corporation has liability for	
24	25 9. Name and Address of Curren		30			Yes No
	y, Name and Address of Curren	it nagistalad Ağant	81	Name	10. Name and Address of New Re	gistered Agent
CTUADI	DODEDT		Ľ	140/110		
STUART, ROBERT 808 W CENTRAL BLVD			B	82 Street Address (P.O. Box Number is Not Acceptable)		
ORLANDO FL 32805			R	83		
Unizalit	DO FL 32803		"	1		
			B4	City		FL 85 Zip Code
11 Purcuant	to the provisions of Sections 617.050	2 and 617 1509 Florida Statute	e the abov	o named core	poration submits this statement for the p	
office or r agent. La	registered agent, or both, in the State in familiar with, and accept the obliga	of Florida Such change was a alions of, Section 617,0503, Flo	uthorized b	y the corpora	tion's board of directors. I hereby acce	ot the appointment as registered
SIGNATURE						
40	Styriation, typed or printed name of registered age			eni signature requi	red when reinstating)	DATE
12. 100	OFFICERS ANI	DELETE DELETE	13.		ADDITIONS/CHANGES TO OFFIC	
NAME	FE TREVILLE, BRENDA CART		1.1 TITLE			Change Addition
	8227 TANSY DRIVE	EN	1.2 NAME			
STREET ADDRESS	ORLANDO FL			T ADDRESS		
CHY-ST-ZiP Title	ED	DELETE	1.4 CITY-	ST-ZIP		Change
NAME	STUART, ROBERT F	□ DELETE	2.1 TITLE	-	•	Change Addition
	1408 KNOLLWOOD CIRCLE		2.2 NAME			
STREET ADORESS	COLLEGE PARK FL 32804			T ADDRESS		
CITY-ST-ZIF TITLE	VD	DELETE	2. 4 CITY 3.1 TITLE			Change Addition
NAME	MIZELL, GREGORY	A press			liam S. Barnes	E creatie E Adoition
STREET ADORESS	160 SOFTWIND TRAIL				ol S. Apopka-Vineland	Pood
CITY-ST-ZIP	MAITLAND FL 32751		3.4. CITY-		lando, FL 32819	Road
TILE	SD	S DELETE	4.1 TITLE		ando, 11 32019	Change Addition
NAME	HORTON, CHARLES DR	CAD PERCENT			Stranger d Coon Hoolds	E orongo E noutron
STREET ADDRESS	1914 EDGEWATER DRIVE				everend Sean Heslin	
CITY - ST - ZIP	ORLANDO FL 32804				N. Orange Ave	
TITLE	TD	DELETE	4.4 CITY- 5.1 TITLE	SI-ZIP OT	ando, FL 32801	☐ Changes ☐ Addition
NAME	BROWN, STEPHEN A		5.2 NAME			January Carrion
STREET ADDRESS	111 N ORANGE AVE, STE 10	05		T ADDRESS		
CITY-ST-7IP	ORLANDO FL 32801	~~	5.4 CITY-			2000 mm 含量
TITLE	U. 10 1 1 0 1 0 0 0 1	DELETE	61 TITLE	31-ZIF		☐ Change ☐ Addition
NAME		DECC.E	6.2 NAME		:	To Committee To Additional
STREET ADDRESS			1	T ADDRESS		
					•	
CITY+ST-ZIP			6.4 CITY-	51-ZIP		- 1111 - 1 X X X X X X X X X X X X X X X

4. 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 copyration 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 (Changed, or on an attachment with an address.)

SIGNATURE

ADON HELLIN THE REVISEN HELLIN 3/21/97 407/425-2523
NATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR