

FILE NOW: FILING FEE IS \$61.25

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**Feb 06 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/28/1971	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1353031	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Zip	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		30	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
STUART, ROBERT 808 W CENTRAL BLVD ORLANDO FL 32805				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DE TREVILLE, BRENDA CARTER			1.2 NAME	HORTON, DR. O CHARLES		
STREET ADDRESS	8227 TANSY DRIVE			1.3 STREET ADDRESS	1914 Edgewater Drive		
CITY-ST-ZIP	ORLANDO FL			1.4 CITY-ST-ZIP	Orlando, FL 32804		
TITLE	ED	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STUART, ROBERT F			2.2 NAME			
STREET ADDRESS	1408 KNOLLWOOD CIRCLE			2.3 STREET ADDRESS			
CITY-ST-ZIP	COLLEGE PARK FL 32804			2.4 CITY-ST-ZIP			
TITLE	VD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARNES, WILLIAM S			3.2 NAME	BITNER, TERRY		
STREET ADDRESS	4851 S APOPKA VINELAND RD			3.3 STREET ADDRESS	210 S. Orange Avenue, Ste. 1250		
CITY-ST-ZIP	ORLANDO FL			3.4 CITY-ST-ZIP	Orlando, FL 32801		
TITLE	SD	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HESLIN, SEAN R			4.2 NAME	HARRIS, ANNIE B.		
STREET ADDRESS	215 N ORANGE AVE			4.3 STREET ADDRESS	6323 Orange Cove Drive		
CITY-ST-ZIP	ORLANDO FL			4.4 CITY-ST-ZIP	Orlando, FL 32819		
TITLE	TD	<input type="checkbox"/> DELETE		5.1 TITLE	ASSISTANT TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BROWN, STEPHEN A			5.2 NAME	CRANDALL, RICHARD D.		
STREET ADDRESS	111 N ORANGE AVE, STE 1005			5.3 STREET ADDRESS	1060 Foggy Brook Place		
CITY-ST-ZIP	ORLANDO FL 32801			5.4 CITY-ST-ZIP	Longwood, FL 32750		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	PAST PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME	de TREVILLE, BRENDA CARTER		
STREET ADDRESS				6.3 STREET ADDRESS	8227 Tansy Drive		
CITY-ST-ZIP				6.4 CITY-ST-ZIP	Orlando, FL 32819-4520		

14. I 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:

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/98
Date

407 425 2523
Daytime Phone #

CH2E037 (10/97)