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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 721049

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



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	Country		

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	PAST P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORTON, CHARLES O DR		1.2 NAME		
STREET ADDRESS	1914 EDGEWATER DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32804		1.4 CITY-ST-ZIP		
TITLE	ED	<input type="checkbox"/> DELETE	2.1 TITLE	EXECUTIVE DIRECTOR	<input checked="" 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	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BITNER, TERRY		3.2 NAME	HAROLD E. MORLAN, II	
STREET ADDRESS	210 S ORANGE AVE STE 1250		3.3 STREET ADDRESS	200 SOUTH ORANGE AVENUE, #1220	
CITY-ST-ZIP	ORLANDO FL 32801		3.4 CITY-ST-ZIP	ORLANDO, FL., 32801	
TITLE	SD	<input type="checkbox"/> DELETE	4.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARRIS, ANNIE B		4.2 NAME		
STREET ADDRESS	6323 ORANGE COVE DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32819		4.4 CITY-ST-ZIP		
TITLE	ATD	<input type="checkbox"/> DELETE	5.1 TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRANDALL, RICHARD D		5.2 NAME		
STREET ADDRESS	1060 FOGGY BROOK PL		5.3 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL 32750		5.4 CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DE TREVILLE, BRENDA CARTER		6.2 NAME	Fr. SEAN HESLIN	
STREET ADDRESS	8227 TANSY DR		6.3 STREET ADDRESS	215 NORTH ORANGE AVENUE,	
CITY-ST-ZIP	ORLANDO FL 32819		6.4 CITY-ST-ZIP	ORLANDO, FL., 32801	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, with all other like empowered.

SIGNATURE: *Robert F. Stuart* EXECUTIVE DIRECTOR FEBRUARY 8, 1999 407-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Designation 2523

CR2E037 (1/198)