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**Mar 04, 1999 8:00 am**  
**Secretary of State**

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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

**21** Suite, Apt. #, etc.

**23** City & State

**24** Zip **25** Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip **29** Country

3. Date Incorporated or Qualified

**05/28/1971**

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

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

**81** Name

**82** Street Address (P.O. Box Number is Not Acceptable)

**83**

**84** City

**FL**

**85** Zip Code

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

TITLE ☐ DELETE  
NAME **PD**  
STREET ADDRESS **HORTON, CHARLES O DR**  
CITY-ST-ZIP **1914 EDGEWATER DR  
ORLANDO FL 32804**

TITLE ☐ DELETE  
NAME **ED**  
STREET ADDRESS **STUART, ROBERT F**  
CITY-ST-ZIP **1408 KNOLLWOOD CIRCLE  
COLLEGE PARK FL 32804**

TITLE ☒ DELETE  
NAME **VD**  
STREET ADDRESS **BITNER, TERRY**  
CITY-ST-ZIP **210 S ORANGE AVE STE 1250  
ORLANDO FL 32801**

TITLE ☐ DELETE  
NAME **SD**  
STREET ADDRESS **HARRIS, ANNIE B**  
CITY-ST-ZIP **6323 ORANGE COVE DR  
ORLANDO FL 32819**

TITLE ☐ DELETE  
NAME **ATD**  
STREET ADDRESS **CRANDALL, RICHARD D**  
CITY-ST-ZIP **1060 FOGGY BROOK PL  
LONGWOOD FL 32750**

TITLE ☒ DELETE  
NAME **PD**  
STREET ADDRESS **DE TREVILLE, BRENDA CARTER**  
CITY-ST-ZIP **8227 TANSY DR  
ORLANDO FL 32819**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PAST P/D** ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE **EXECUTIVE DIRECTOR** ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE **S/D** ☐ Change ☒ Addition  
3.2 NAME **HAROLD E. MORLAN, II**  
3.3 STREET ADDRESS **200 SOUTH ORANGE AVENUE, #1220**  
3.4 CITY-ST-ZIP **ORLANDO, FL., 32801**

4.1 TITLE **V/D** ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE **T/D** ☒ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE **P/D** ☐ Change ☒ Addition  
6.2 NAME **Fr. SEAN HESLIN**  
6.3 STREET ADDRESS **215 NORTH ORANGE AVENUE,**  
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  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEBRUARY 8, 1999 407-

Date

Defiling Form 2523

CR2E037 (11/98)