


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90275 018 ****61.25

DOCUMENT # 721049	
1. Entity Name	
CHRISTIAN SERVICE CENTER FOR CENTRAL FLORIDA, INC.	

Principal Place of Business	Mailing Address
808 W. CENTRAL BLVD. ORLANDO FL 32805-8807	808 W. CENTRAL BLVD. ORLANDO FL 32805-8807

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number	Applied For
59-1353031	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
STUART, ROBERT 808 W CENTRAL BLVD ORLANDO FL 32805

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL
Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FULWIDER, BRYAN Peter R		NAME	Peter Reinert	
STREET ADDRESS	225 S. INTERLACHEN AVE		STREET ADDRESS	1180 Woodmore Dr.	
CITY-ST-ZIP	WINTER PARK FL 32789		CITY-ST-ZIP	Winter Park FL 32789	
TITLE	ED	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STUART, ROBERT F		NAME		
STREET ADDRESS	1408 KNOLLWOOD CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	COLLEGE PARK FL 32804		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REINERT, PETER E		NAME	Chirag Bharsar	
STREET ADDRESS	1180 WOODMORE DR.		STREET ADDRESS	1503 S. Summerlin Blvd	
CITY-ST-ZIP	WINTER PARK FL 32789		CITY-ST-ZIP	Orlando FL 32801	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BITNER, TERRY		NAME	Dan Wallace	
STREET ADDRESS	401 B CONWAY PLACE CIR		STREET ADDRESS	113 W. Lake Faith dr	
CITY-ST-ZIP	ORLANDO FL 32812		CITY-ST-ZIP	Maitland FL 32751	
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALIVENTO, RENEE		NAME		
STREET ADDRESS	5270 MIDDLE COURT		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32811		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert F Stuart ROBERT F STUART EXEC DIRECTOR 3/28/05 407-426-2523
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 6244