

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 09, 2003 8:00 am**  
**Secretary of State**

01-09-2003 90115 024 \*\*\*\*61.25

**DOCUMENT # 721049**

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1353031**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES



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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete  
NAME **YOAKUM, W. MICHAEL REV.**  
STREET ADDRESS **763 W. PLANT ST.**  
CITY-ST-ZIP **WINTER GARDEN FL 34787**

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

TITLE **SD** ☒ Delete  
NAME **MORLAN, HAROLD E 11**  
STREET ADDRESS **200 S. ORANGE AVE #1220**  
CITY-ST-ZIP **ORLANDO FL 32801**

TITLE **TD** ☐ Delete  
NAME **REINERT, PETER E**  
STREET ADDRESS **1180 WOODMORE DR.**  
CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE **PD** ☒ Delete  
NAME **GROOVER, CLARA M**  
STREET ADDRESS **1124 BRYN MAWR ST.**  
CITY-ST-ZIP **ORLANDO FL 32804**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Change ☒ Addition  
NAME **Laurie Armandariz**  
STREET ADDRESS **9445 Brownwood Ct.**  
CITY-ST-ZIP **Orlando FL 32765**

TITLE **SD** ☐ Change ☒ Addition  
NAME **Terry Eitner**  
STREET ADDRESS **4018 Conway Place Cir**  
CITY-ST-ZIP **Orlando FL 32812-8050**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 Stuart*  
**Executive Director**

**1/6/03**

**(407) 425-2523**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)