

FILE NOW: FILING FEE IS \$61.25

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Jan 17 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N01255 (1)**

1. Corporation Name  
**CENTRAL CHURCH OF CHRIST OF LONGWOOD, INC.**



Principal Place of Business <b>875 OAK DR. ALTAMONTE SPGS. FL 32714-2600</b>	Mailing Address <b>875 OAK DR. ALTAMONTE SPGS. FL 32714-2600</b>
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21. Principal Place of Business Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	25.	26. Mailing Address Suite, Apt. #, etc.	27. City & State	28. Zip	29. Country	30.
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3. Date Incorporated or Qualified <b>02/07/1984</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>59-2267528</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**VEECH, R. KENT  
221 CANTERCLUB TRL  
LONGWOOD FL 32779**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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: *R Kent Veech* DATE: **1/5/97**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-instating)

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>VEECH, R. KENT</b>	
STREET ADDRESS	<b>221 CANTER CLUB TRL</b>	
CITY-ST-ZIP	<b>LONGWOOD FL 32779</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>LEAVINS, TOM</b>	
STREET ADDRESS	<b>101 DEVON COURT</b>	
CITY-ST-ZIP	<b>LONGWOOD FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>MARCH, EFTON R</b>	
STREET ADDRESS	<b>402 SHADY BANKS RD</b>	
CITY-ST-ZIP	<b>ALTAMONTE SPRINGS FL 32714</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>Kenneth Lee Cain</b>	
STREET ADDRESS	<b>116 Ledbury Drive</b>	
CITY-ST-ZIP	<b>Longwood, FL 32774</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY-ST-ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY-ST-ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY-ST-ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY-ST-ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY-ST-ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY-ST-ZIP	

14. I do 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: *R Kent Veech* DATE: **1/5/97**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)