FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

SIGNATURE:

Zip



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N01255

(1)

2a. Mailing Address

City & State

Suite, Apt. #, etc.

CENTRAL CHURCH OF CHRIST OF LONGWOOD, INC.

Country

Principal Place of Business	Mailing Address
875 oak dr. Altamonte Spgs. Fl 32714-2600	875 OAK DR. ALTAMONTE SPGS. FL 32714-2600

26

28

FILED Feb 02 1998 8:00am Secretary of State



Yes

XX No

7. Is this nonprofit corporation a homeowners association?

Not Applicable

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

3. Date Incorporated or Qualified 02/07/1984

59-2267528

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

4. FEI Number

Zip		Country	z	ip qi	Cour	itry		8. This corporation owes or has paid the current year Intangible		
241		25	29		30			Personal Property Tax due June 30. 🔲 Yes 🔲 No 🖓 🗡		
	9. Name	and Address of Cu	rrent Register	red Agent				10. Name and Address of New Registered Agent		
					-	61	Name			
VEECH, R. KENT						82 Street Address (P.O. Box Number is Not Acceptable)				
221 CANTERCLUB TRL						30 eet Address (F.O. Box Number is Not Acceptable)				
LONGWOOD FL 32779					1	83				
						_				
						B4	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 familier with and accept the obligations of Section 617.0503, Florida Statutes.										
SIGNATURE _	X_2	Sept 1/1	leb-	P Kent			7	1/15/98		
	Signature, typica	or printed name of registered				Agen	t signature	e required wifen rainstating) DATE		
12.		OFFICERS	AND DIRECTO		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	5 VEVE		L. DELETE	1.1 Titl		İ	Change Addition		
NAME		R. KENT			1.2 NAN	Æ				
STREET ADDRESS		NTER CLUB TRL			1.3 STR	EET A	ADDRESS			
CITY-ST-ZIP		OOD FL 32779		5	1,4 CITY		- ZIP			
TITLE	TD			DELETE	2.1 TITL	E		Change X Addition		
NAME		EFTON R			2.2 NAM	Æ		SOWERS, WILLIAM J		
STREET ADDRESS	402 SHA	NDY BANKS RD			2.3 STR	EET A	ADDRESS .	1000 W LK BRANTLEY ROAD		
CITY - ST - ZIP		<u>inte springs fl</u>	32714		2. 4 CIT	Y-SI	í-ZIP	SOWERS, WILLIAM J 1000 W LK BRANTLEY ROAD ALTAMONTE SPIUNGS, FL 32714 SD & Change Addition CAIN, KENNETH LEE		
TITLE	DS			DELETE	3.1 TITL	Ε	- 1	SD		
NAME	CAIN, 🛦	MENORY LEE			3.2 NAN	1E	l	CAIN, KENNETH LEE		
STREET ADDRESS		BURY DRIVE			3.3 STR	EET A	NDDRESS			
CITY-ST-ZIP	LONGW	OOD FL			3.4. CIT	Y-\$T	-ZIP			
TITLE				☐ DELETE	4.1 TITL	Ε		Change Addition		
NAME					4. 2 NAM	ИE				
STREET ADDRESS					4.3 STR	EET A	DDRESS			
CITY-ST-ZIP					4.4 CITY	-ST-	- ZIP			
TITLE	,, , , , , , , , , , , , , , , , , , ,			DELETE	5.1 TITL	E		Change Addition		
NAME					5.2 NAM	IE				
STREET ADDRESS					5.3 STRE	EET A	DDRESS .			
CITY-ST-ZIP					5.4 CITY	'-ST-	-ZIP			
ΠTLE				DELETE	6.1 TITL	Ε		☐ Change ☐ Addition		
NAME					6.2 NAM	ΙE				
STREET ADDRESS					6.3 STRE	EET A	ODRESS			
CITY-ST-ZIP					6.4 CITY		1			
14. I hereby co	ertify that the	e information supplied	with this filing	g does not qualify fo	r the exen	nptk	on state	ed in Section 119.07(3)(i), Florida Statutes. I further certify that the information		
officer or o	lirector of th	al report or suppleme e corporation or the r changed, or on an a	eceiver or trus	itee empowered to e	urate and execute thi	that is re	. my sigi port as	nature shall have the same legal effect as if made under oath; that I am an sequired by Chapter 617, Florida Statutes; and that my name appears in		

Country