

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 16 PM 3:15

DOCUMENT # 701605 (8)
1. Corporation Name
CENTRAL CHRISTIAN CHURCH, INC. OF ORLANDO, FLORIDA

Principal Place of Business Mailing Address
250 S.W. IVANHOE BLVD. 250 S.W. IVANHOE BLVD
ORLANDO FL 32804-6852 ORLANDO FL 32804-6852
US US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/27/1960	3a. Date of Last Report 02/02/1994
4. FEI Number 59-0668472	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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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9. Name and Address of Current Registered Agent
DAVIS, CHARLES
170 E. WASHINGTON ST.
ORLANDO FL 32801

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
602 E. Central Blvd.
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	1.1 TITLE	☐ Change ☐ Addition
NAME	SCARBEARY, EARL	1.2 NAME	
STREET ADDRESS	441 PURDUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	☐ Change ☐ Addition
NAME	BROOKS, CAROLINE	2.2 NAME	
STREET ADDRESS	2492 BARBADOS DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	2.4 CITY-ST-ZIP	
TITLE	MD	3.1 TITLE	☐ Change ☒ Addition
NAME	JAMES HILLERY	3.2 NAME	VD
STREET ADDRESS	920 PLATO	3.3 STREET ADDRESS	Shirley Patrick
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	4130 Kingsbridge Drive
TITLE	VD	4.1 TITLE	☒ Change ☐ Addition
NAME	REYNOLDS, SAM	4.2 NAME	MD
STREET ADDRESS	3418 ASTINA CT	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	☒ Change ☐ Addition
NAME	MILLER, GLORIA	5.2 NAME	S
STREET ADDRESS	14220 FOREST OAK DR	5.3 STREET ADDRESS	Miller, Gloria
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	8612 Drayton Court
TITLE	T	6.1 TITLE	☐ Change ☐ Addition
NAME	KITTINGER, ROBERT	6.2 NAME	
STREET ADDRESS	220 SELKIRK WAY	6.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 116.07(3)(k), 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 in an attachment with an address.

SIGNATURE: *Sam Reynolds* Sam Reynolds
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 7, 1995 240-7733
DATE DAYTIME PHONE