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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 701605

1. Corporation Name

CENTRAL CHRISTIAN CHURCH, INC. OF ORLANDO, FLORIDA

Principal Place of Business

250 S.W. IVANHOE BLVD.
ORLANDO FL 32804-6852
US

Mailing Address

250 S.W. IVANHOE BLVD
ORLANDO FL 32804-6852
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

10/27/1960

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-0668472

Applied For

Not Applicable

22

City & State

27

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23

Zip Country

28

Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAVIS, CHARLES
602 E. CENTRAL AVE.
ORLANDO FL 32801

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 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 familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DC** ☐ DELETE
NAME **KITTINGER, ROBERT**
STREET ADDRESS **228 SELKIRK WY**
CITY-ST-ZIP **LONGWOOD FL**

1.1 TITLE **DTr** ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **SD** ☐ DELETE
NAME **HODNETT, SABRA**
STREET ADDRESS **1710 COLTON DRIVE**
CITY-ST-ZIP **ORLANDO FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **MD** ☐ DELETE
NAME **CAMPBELL, BRAD**
STREET ADDRESS **3526 ARBUTUS LN**
CITY-ST-ZIP **WINTER PARK FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **VD** ☒ DELETE
NAME **ROWTON, JERRY**
STREET ADDRESS **P O BOX 1268**
CITY-ST-ZIP **TITUSVILLE FL**

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **VD**
4.3 STREET ADDRESS **Hutchinson, Matthew**
4.4 CITY-ST-ZIP **229 Cervidae Drive**
Apopka, FL 32703

TITLE **S** ☐ DELETE
NAME **MILLER, GLORIA**
STREET ADDRESS **8612 DRAYTON COURT**
CITY-ST-ZIP **ORLANDO FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **T** ☐ DELETE
NAME **PAYNE-LAIROO, PEGGY**
STREET ADDRESS **4747 CHEVY PLACE**
CITY-ST-ZIP **ORLANDO FL**

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS **5124 Sun Palm Drive**
6.4 CITY-ST-ZIP **Windermere FL 34786**

14. 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 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 with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)