

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2002 8:00 am**  
**Secretary of State**

04-16-2002 90021 017 \*\*\*\*61.25

**DOCUMENT # 701605**

1. Entity Name

**CENTRAL CHRISTIAN CHURCH, INC. OF ORLANDO, FLORIDA**

Principal Place of Business

Mailing Address

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

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

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

**59-0668472**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

**5423 Kenmore Lane**

City

**Orlando**

**FL**

Zip Code  
**32839**

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.

SIGNATURE

*CE Davis*

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

(NOTE: Registered Agent signature required when reinstating)

**3/28/2002**

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  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME **DT ROWTON, JERRY**  
STREET ADDRESS **PO BOX 1268**  
CITY-ST-ZIP **TITUSVILLE FL 32781**

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

TITLE ☐ Delete  
NAME **SD BROOKS, CAROLINE**  
STREET ADDRESS **2492 BARBADOS DRIVE**  
CITY-ST-ZIP **WINTER PARK-FL 32792**

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

TITLE ☐ Delete  
NAME **VD THIELHEM, JENNIFER**  
STREET ADDRESS **2320 CHERRY WOOD LANE**  
CITY-ST-ZIP **ORLANDO FL 32803**

TITLE ☒ Change ☐ Addition  
NAME **D**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Delete  
NAME **VD HUTCHINSON, MATTHEW**  
STREET ADDRESS **229 CERVIDAE DR**  
CITY-ST-ZIP **APOPKA FL 32703**

TITLE ☐ Change ☒ Addition  
NAME **VD**  
STREET ADDRESS **Sabra Hodnett**  
CITY-ST-ZIP **1710 Colton Drive**  
**Orlando FL 32822**

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

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

TITLE ☐ Delete  
NAME **T STAUDT, RICK**  
STREET ADDRESS **5413 BRITAN DRIVE**  
CITY-ST-ZIP **ORLANDO FL 32808**

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:

*SIGNATURE OF REGISTERED AGENT*

**3/28/2002**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)