

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90031 018 ****61.25

DOCUMENT # 701605

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02062006

Chg-NP

CR2E037 (11/05)

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
250 SW IVANHOE BLVD.
ORLANDO, FL 32804**

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DT** ☐ Delete
NAME **NEWTON, DON**
STREET ADDRESS **621 VIA MILANO CIR**
CITY-ST-ZIP **APOPKA, FL 32712**

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

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

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

TITLE **D** ☒ Delete
NAME **HILLERY, JIM**
STREET ADDRESS **920 PLATO**
CITY-ST-ZIP **ORLANDO, FL 32809**

TITLE ☐ Change ☒ Addition
NAME **D Hazel Ferwerda**
STREET ADDRESS **3914 Evershale St**
CITY-ST-ZIP **Clermont, FL 34711**

TITLE **VD** ☒ Delete
NAME **HODNETT, SABRA**
STREET ADDRESS **1710 COLTON DRIVE**
CITY-ST-ZIP **ORLANDO, FL 32822**

TITLE ☐ Change ☒ Addition
NAME **Bob Larr**
STREET ADDRESS **535 Santiaago Ave**
CITY-ST-ZIP **Orlando, FL 32807**

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

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

TITLE **T** ☐ Delete
NAME **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 exemptions contained in Chapter 119, 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:

Frederick J. Staudt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/3/06 407-425-6611