NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State
02-21-2003 90237 011 ****61.25

DOCUMENT # 703350

1. Entity Name
CENTRAL CHRISTIAN CHURCH of St. Petersburg Fl Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
CENTRAL CHRISTIAN CHURCH	4824 - 2nd Ave. So.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: St. Petersburg, Fl 33711	City & State: St. Petersburg, Fl 33711
Zip: 33711 Country: USA	Zip: 33711 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0818913 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: William Shuey

Street Address (P.O. Box Number is Not Acceptable): 5142 - 26th Ave. So

City: St. Petersburg FL Zip Code: 33707

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: William Shuey 2-12-03
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

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

TITLE	TD
NAME	CHARLES CARTER
STREET ADDRESS	6132 - 7th A.S.
CITY-ST-ZIP	St. Petersburg, Fla 33707.
TITLE	S
NAME	DEWEY HUHT
STREET ADDRESS	1302 - 58th St. So.
CITY-ST-ZIP	St. Petersburg, Fl. 33707
TITLE	VD
NAME	LARRY NECKATHORNE
STREET ADDRESS	6000 - 63rd TER N
CITY-ST-ZIP	Pinellas Park, Fl 33781
TITLE	PD
NAME	Richard Sabin
STREET ADDRESS	9080 - St. Andrews Dr
CITY-ST-ZIP	Largo, Fl 33777
TITLE	
NAME	
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CITY-ST-ZIP	

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CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Jack E. Ponelait Jack E. Ponelait Asst. Bus. Mgr. 2-12-03 (727)821-4900