

FILE NOW: FILING FEE IS \$61.25

**NONPROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # 705931 (4)

1. Corporation Name

CENTRAL CHRISTIAN CHURCH CORPORATION



Principal Place of Business

Mailing Address

**ATTN: TREASURER
4207 NORTH BLVD.
TAMPA FL 33603**

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4207 NORTH BLVD.
TAMPA FL 33603**

3. Date Incorporated or Qualified **07/22/1963** 3a. Date of Last Report **03/31/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
59-6046575

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HUGHES, MIKE
2104 E. HOWELL
TAMPA FL 33610**

81 Name
George A. Smith
82 Street Address (P.O. Box Number is Not Acceptable)
5802 Suwannee Avenue
83
84 City
Tampa FL 85 Zip Code
33604

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

George A. Smith

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

(NOTE: Registered Agent signature required when reinstating)

528-96

DATE

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HORN, PAT	
STREET ADDRESS	13103 WISTER LANE	
CITY-ST-ZIP	TAMPA FL 33612	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TYREE, TERRY	
STREET ADDRESS	104 W. CAYUGA	
CITY-ST-ZIP	TAMPA FL 33603	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	LE DUC, JAMES	
STREET ADDRESS	3107 W. POWHATTAN	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	HUGHES, MIKE	
STREET ADDRESS	2104 E. HOWELL	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SMITH, GEORGE A	
STREET ADDRESS	5802 SUWANNEE	
CITY-ST-ZIP	TAMPA FL 33604	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JENKINS, VERNON M.	
1.3 STREET ADDRESS	6819 Axlerod Way	
1.4 CITY-ST-ZIP	Wesley Chapel, FL 33544	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	WHITE, BILL	
2.3 STREET ADDRESS	4406 Shadberry Drive	
2.4 CITY-ST-ZIP	Tampa, FL 33624	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MILLER, MELVA	
3.3 STREET ADDRESS	5117 Olney Avenue	
3.4 CITY-ST-ZIP	Tampa, FL 33603	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	GRAVES, VIRGINIA	
4.3 STREET ADDRESS	15206 Lake Maurine Drive	
4.4 CITY-ST-ZIP	Odessa, FL 33556	
5.1 TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	HARDEN, MARY LOU	
5.3 STREET ADDRESS	902 West Hillsborough Avenue	
5.4 CITY-ST-ZIP	Seffner, FL 33584	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	300001856513	
6.3 STREET ADDRESS	-06/10/96--01012--019	
6.4 CITY-ST-ZIP	***61.25	

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 119.07(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 on an attachment with an address.

SIGNATURE

Mary Lou Harden

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/96

DATE

813 223-7000

DAYTIME PHONE

05 6116146

CR2E037 (12/95)