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Feb 03 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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 33603ATTN: TREASURER
4207 NORTH BLVD.
TAMPA FL 33603-3443

3. Date Incorporated or Qualified

07/22/1963

3a. Date of Last Report

06/10/1996

4. FEI Number

59-6046575

Applied For

Not Applicable

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

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida StatutesYes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, GEORGE A
5802 SUWANNEE AVE
TAMPA FL 33604

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 fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME JENKINS, VERNON M
STREET ADDRESS 6819 AXLEROD WAY
CITY-ST-ZIP WESLEY CHAPEL FL 335441.1 TITLE D/VP ☐ Change ☒ Addition
1.2 NAME SCOTT TYREE
1.3 STREET ADDRESS 16149 RAVENDALE DRIVE
1.4 CITY-ST-ZIP TAMPA, FL 33618TITLE D ☐ DELETE
NAME MILLER, MELVA
STREET ADDRESS 5117 OLNEY AVE.
CITY-ST-ZIP TAMPA FL 336032.1 TITLE D ☐ Change ☒ Addition
2.2 NAME TOM SPRINGER
2.3 STREET ADDRESS 14503 MECCA PLACE
2.4 CITY-ST-ZIP TAMPA, FL 33625TITLE T ☐ DELETE
NAME GRAVES, VIRGINIA
STREET ADDRESS 15206 LAKE MAURINE DRIVE
CITY-ST-ZIP ODESSA FL 335563.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE SD ☐ DELETE
NAME HARDEN, MARY LOU
STREET ADDRESS 902 W. HILLSBOUROUGH AVE
CITY-ST-ZIP SEFFNER FL 335844.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE D ☒ DELETE
NAME WHITE, BILL
STREET ADDRESS 4406 SHADBERRY DRIVE
CITY-ST-ZIP TAMPA FL 336245.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE D ☒ DELETE
NAME GRAVES, BILL
STREET ADDRESS 15206 LAKE MAURINE DRIVE
CITY-ST-ZIP ODESSA FL 335566.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 1 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

Date

Daytime Phone # 0047100

CR2E037 (9/96)