FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

(4)

CENTRAL CHRISTIAN CHURCH CORPORATION						•			
Principal Plac	ce of Business	Mailing Address					e consuc andle mater aleta shink title dible bible bible bible dible bible	il alall that	
ATTN: TREASURER 4207 NORTH BLVD. TAMPA FL 33603		ATTN: TREASURER 4207 NORTH BLVD. TAMPA FL 33 8 03				olled For			
<u> </u>	Place of Business	2a. Mailing Address					59-6046575 Not 5. Certificate of Status Desired □ \$8.75 Ac	Applicable dditional	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					Fee Required 6. Election Campaign Financing \$5.00 May Be		
City & State		City & State					Trust Fund Contribution Added to		
23		28					7. Is this nonprofit corporation a homeowners association? Yes No		
Zip	Country	Zip	Cou	ıntry			8. This corporation owes or has paid the current year Inter	ngible	
24	25	29	30	,				No	
	9. Name and Address of Current	Hegistered Agent		81	Name	-	10. Name and Address of New Registered Agent		
CHITH	CEODOE A			Ш					
SMITH, GEORGE A 5802 SUWANNEE AVE				82 Street Add			iress (P.O. Box Number is Not Acceptable)		
	FL 33604		ļ	83					
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				84	City		■ 85 Zip Co	ode	
<u></u>				-	•		FL!!		
11. Pursuant office or r	to the provisions of Sections 617.0502 registered agent, or both, in the State-c	and 617,1508, Florida Statut of Florida: Such change was:	es, the at authorizer	bove d by	 named the corr 	corpor	ration submits this statement for the purpose of changing its n's board of directors. I hereby accept the appointment as re	registered egistered	
agent. La	im familiar with, and accept the obligat	lons of Section 617.0503, Flo	orida Stat	tutes.			2-15-98	•	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOT	F Registerer	d Agen	ni signatura	required	when reinstating) DATE		
12. OFFICERS AND DIRECTORS			13.			7444	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	IN 12	
TITLE	PD	☐ DELETE				D		Addition	
NAME	JENKINS, VERNON M		1.2 NA				NKINS, VERNON M		
STREET ADDRESS	6819 AXLEROD WAY			1.0 OTTICE TRESTITION			19 AXLEROD WAY		
CITY-ST-ZIP	WESLEY CHAPEL FL 33544	DELETE		1.4 CITY-ST-ZIP		WE	SLEY CHAPEL, FL 33544	Addition	
TITLE NAME	D Miller, Melva	[_] DELETE	22 NAM				L. Cidinge	ADDICION	
STREET ADDRESS	5117 OLNEY AVE.			2.3 STREET ADDRESS					
CITY-ST-ZIP	TAMPA FL 33603			2. 4 CITY-ST-ZIP					
TITLE	Ť XX DELETE			3.1 TITLE			☐ Change	Addition	
NAME	GRAVES, VIRGINIA		3.2 NA	ME			RTHA JENKINS		
STREET ADDRESS			3.3 ST	3.3 STREET ADDRESS			19 AXLEROD WAY		
CITY-ST-ZIP	ODESSA FL 33556					<u>WE</u>	SLEY CHAPEL, FL 33544		
TITLE	SD HARDEN, MARY LOU	☐ DELETE		4.1 TITLE 4.2 NAME			L_J Change	Addition	
NAME Street address	902 W. HILLSBOUROUGH AVE	:		4.2 NAME 4.3 STREET ADDRESS					
CITY-ST-ZIP	SEFFNER FL 33584			4.4 CITY-ST-ZIP					
TITLE	DVP	DELETE	5.1 TITLE				Change	Addition	
NAME	TYREE, SCOTT		5.2 NA	ME	İ				
STREET ADDRESS	16149 RAVENDALE DRIVE		5.3 \$11	REET A	address (
CITY-ST-ZIP	TAMPA FL		5.4 CIT		<u>- ZIP</u>			T-1	
TITLE						PD		EX Addition	
NAME	SPRINGER, TOM		5.2 NA				ITH, GEORGE A		
STREET ADDRESS	14503 MECCA PLACE		6.3 ST	HEET A	ADDRESS	TA	02 SUWANNEE AVE MPA FL 33604		

14. 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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.

FILED

Feb 26 1998 8:00am

Secretary of State