Applied For

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable \$8.75_Additional ---

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT

1. Corporation Name

City & State

SMITH, GEORGE A

TAMPA FL 33604

5802 SUWANNEE AVE -:

<u>'</u>4

CENTRAL CHRISTIAN CHURCH CORPORATION

Principal Place of Business	Mailing Address	
ATTN: TREASURER 4207 NORTH BLVD. TAMPA FL 33603	ATTN: TREASURER 4207 NORTH BLVD. TAMPA FL 33803	
2. Principal Place of Business	2a. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	

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City & State

Zip Country Zip 30 25 29 9. Name and Address of Current Registered Agent

FILED Jul 12, 1999 8:00 am Secretary of State

07-12-1999 90016 022 ****61.25



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3. Date Incorporated or Qualifed 07/22/1963 FEI Number

5. Certificate of Status Desired

6. Election Campaign Financing

10. Name and Address of New Registered Agent

Trust Fund Contribution

59-6046575

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

Carl Carlot L	84	4	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.								

Country

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83

SIGNATURE	Trospel a x	mul		·				
	Signature, typed or printed harne of registered agent ar		gistered Agent signature re			=		
12.	12. OFFICERS AND DIRECTORS			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	D	☐ DELETE	1.1 TITLE	Graves, William PD	☐ Change	Addition		
NAME [JENKINS, VERNON M		1.2 NAME	4814 Scott Road				
STREET ADDRESS	6819 AXLEROD WAY		1.3 STREET ADDRESS	Lutz, FL 33549				
CITY-ST-ZIP	WESLEY CHAPEL FL 33544		1.4 CITY-ST-ZIP					
MTE.	D	☐ DELETE	2.1 TITLE	D	☐ Change	Addition		
NAME	MILLER, MELVA		2.2 NAME	Miller, Melva				
STREET ADORESS	5117 OLNEY AVE.		2.3 STREET ADDRESS	5117 N. Olney Ave.				
CITY-ST-ZIP	TAMPA FL 33603		2. 4 CITY-ST-ZIP	Tampa,~FL~33603				
TITLE	T	DELETE	3.1 TITLE	TD-Graves, Virginia	☐ Change	∠ Addition		
NAME	JENKINS, MARTHA	,	3.2 NAME	4814 Scott Road				
STREET ADDRESS	6819 AXLEROD WAY		3.3 STREET ADDRESS	Lutz, FL 33549				
JITY-ST-ZIP	WESLEY CHAPEL FL 33544		3.4. CITY-ST-ZIP					
TILE .	SD	DELETE	4.1 TITLE	DVP	Change	☐ Addition		
VAME	HARDEN, MARY LOU		4. 2 NAME	Jenkins, Vernon				
STREET ADDRESS	902 W. HILLSBOUROUGH AVE	*	4.3 STREET ADORESS	6818 Axlerod Way				
:TTY-ST-ZIP	SEFFNER FL 33584		4.4 CITY-ST-ZIP	Wesley Chapel, FL 33544				
TILE	DVP	DELETE	5.1 TITLE	SD	Change	Addition		
AME	TYREE, SCOTT		5.2 NAME	Patterson, Robert				
STREET ADDRESS	16149 RAVENDALE DRIVE		5.3 STREET ADORESS	5117 N. Taliaferro Ave.				
ITY-ST-ZIP	TAMPA FL		5.4 CITY-ST-ZIP	Tampa, FL 33603				
TILE	PD	☐ DELETE	6.1 TITLE	D	Change	☐ Addition		
IAME	SMITH, GEORGE A		6.2 NAME	Smith, George	-			
TREET ADDRESS	- 5802 SUWANNEE AVE	,	6.3 STREET ADDRESS	5802 Suwannee Ave.				
STY-ST-ZIP	TAMPA FL 33604		6.4 CITY-ST-ZIP	Towns Et 2260/				

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 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, with all other like empowered.

SIGNATURE: