

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 705931

1. Entity Name

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 33603-3443

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-6046575

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, GEORGE A
5802 SUWANNEE AVE
TAMPA FL 33604

Name Millard Nicholson

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

12737 North Florida Ave.

City

Tampa

FL

Zip Code
33612

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25.

9. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JENKINS, VERNON M	
STREET ADDRESS	6819 AXLEROD WAY	
CITY-ST-ZIP	WESLEY CHAPEL FL 33544	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILLER, MELVA	
STREET ADDRESS	5117 OLNEY AVE.	
CITY-ST-ZIP	TAMPA FL 33603	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	GRAVES, WILLIAM	
STREET ADDRESS	4814 SCOTT ROAD	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MILLER, MELVA	
STREET ADDRESS	5117 N OLNEY AVE	
CITY-ST-ZIP	TAMPA FL 33603	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	GRAVES, VIRGINIA	
STREET ADDRESS	4814 SCOTT ROAD	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SMITH, GEORGE A	
STREET ADDRESS	5802 SUWANNEE AVE	
CITY-ST-ZIP	TAMPA FL 33604	

TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Patterson	
STREET ADDRESS	5117 N. Taliaferro Ave.	
CITY-ST-ZIP	Tampa, FL 33603	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Charles Tyree	
STREET ADDRESS	11137 Hannaway Drive	
CITY-ST-ZIP	Riverview, FL 33569	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Millard Nicholson	
STREET ADDRESS	12737 North Florida Ave.	
CITY-ST-ZIP	Tampa, FL 33612	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mary Lou Harden	
STREET ADDRESS	902 W. Hillsborough Ave.	
CITY-ST-ZIP	Seffner, FL 33584	

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Millard Nicholson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90020 013 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)