

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 705931

1. Entity Name

CENTRAL CHRISTIAN CHURCH CORPORATION

Principal Place of Business

ATTN: TREASURER  
4207 NORTH BLVD.  
TAMPA FL 33603

Mailing Address

ATTN: TREASURER  
4207 NORTH BLVD.  
TAMPA FL 33603

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

Name TYREE, TERRY

Street Address (P.O. Box Number is Not Acceptable)  
11137 HANNAWAY DRIVE

City RIVERVIEW

FL

Zip Code  
33569

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

After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE SD  
NAME PATTERSON, ROBERT  
STREET ADDRESS 5117 N TALIAFERRO AVE  
CITY-ST-ZIP TAMPA FL 33603 ☐ Delete

TITLE D  
NAME MILLER, MELVA  
STREET ADDRESS 5117 OLNEY AVE.  
CITY-ST-ZIP TAMPA FL 33603 ☐ Delete

TITLE VD  
NAME TYREE, CHARLES  
STREET ADDRESS 11137 HANNAWAY DRIVE  
CITY-ST-ZIP RIVERVIEW FL 33569 ☐ Delete

TITLE PD  
NAME NICHOLSON, MILLARD  
STREET ADDRESS 12737 NORTH FLORIDA AVE.  
CITY-ST-ZIP TAMPA FL 33612 ☒ Delete

TITLE D  
NAME HARDEN, MARY LOU  
STREET ADDRESS 902 W HILLSBOROUGH AVE  
CITY-ST-ZIP SEFFNER FL 33584 ☐ Delete

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Change ☐ Addition  
NAME TYREE, CHARLES  
STREET ADDRESS 11137 HANNAWAY DRIVE  
CITY-ST-ZIP RIVERVIEW FL 33569

TITLE PD ☐ Change ☒ Addition  
NAME STOWE, WILFRED  
STREET ADDRESS 10848 S. TURNER AVE.  
CITY-ST-ZIP FLORAL CITY FL 34366

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☐ Change ☒ Addition  
NAME TYREE, TERRY  
STREET ADDRESS 11137 HANNAWAY DRIVE  
CITY-ST-ZIP RIVERVIEW FL 33569

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: Signature Required

7-15-01 813-  
238-6694

FILED  
Jul 24, 2001 8:00 am  
Secretary of State

07-24-2001 90021 021 \*\*\*\*61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)