

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

0079425

DOCUMENT # 705931

1. Entity Name

CENTRAL CHRISTIAN CHURCH CORPORATION

03-06-2002 90071 040 ****61.25

Principal Place of Business

Mailing Address

ATTN: TREASURER
 4207 NORTH BLVD.
 TAMPA FL 33603

ATTN: TREASURER
 4207 NORTH BLVD.
 TAMPA FL 33603

00000100



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6046575

Applied For

Not Applicable

Zip

Country

Zip

Country

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

TYREE, TERRY
11137 HANNAWAY DRIVE
RIVERVIEW FL 33569

Name

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

City

FL

Zip Code

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. ☐

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

TITLE **D** ☐ Change ☒ Addition
 NAME **ROPER, STEVE**
 STREET ADDRESS **3224 Clinton AVE**
 CITY-ST-ZIP **TAMPA FL 33614**

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

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

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

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

TITLE **PD** ☒ Delete
 NAME **STOWE, WILFRED**
 STREET ADDRESS **10848 S TURNER AVENUE**
 CITY-ST-ZIP **FLORAL CITY FL 34366**

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

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

TITLE **VD** ☒ Change ☐ Addition
 NAME **HARDEN, MARYLOU**
 STREET ADDRESS **902 W. HILLSBOROUGH AVE**
 CITY-ST-ZIP **SEFFNER, FL 33584**

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

TITLE **PD** ☒ Change ☐ Addition
 NAME **TYREE, TERRY**
 STREET ADDRESS **11137 HANNAWAY DR.**
 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: **Robert Q. Patterson**

Robert Q. Patterson

2/17/02

813-238-4503

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)