FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 20 PM 7:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **719516** **(7)**

1. Corporation Name
CHRIST CENTER OF CENTRAL FLORIDA, INC.

Principal Place of Business	Mailing Address
2201 N.W. 1ST AVENUE OCALA FL 32670 US	P.O. BOX 71142 OCALA FL 34471 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/15/1970**
3a. Date of Last Report: **07/14/1994**
4. FEI Number: **59-6249291** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 1308 SE 11th ST	26 1308 SE 11th ST
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Ocala, Fla.	City & State 28 Ocala, Fla.
Zip 24 34470 Country 25 USA	Zip 29 34470 Country 30 USA

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

KING, GEORGE
1308 SE 11TH ST.
OCALA FL 34471

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	KING,GEORGE	12 NAME	
STREET ADDRESS	2384 SE 50TH TERR.	13 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	KING, ESTHER R.	22 NAME	
STREET ADDRESS	2384 SE 50TH TERR.	23 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	24 CITY-ST-ZIP	
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	MOTT, HOWARD	32 NAME	
STREET ADDRESS	COUNTY ROAD 181	33 STREET ADDRESS	
CITY-ST-ZIP	BUSHNELL FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	DINKINS, LEWIS E.	42 NAME	
STREET ADDRESS	201 NE 8 AVE ST #100	43 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	44 CITY-ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	RUSHING, DARIOLD	52 NAME	
STREET ADDRESS	4201 S PLEASANT GRV RD	53 STREET ADDRESS	
CITY-ST-ZIP	INVERNESS FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: George King George King **4-26-95** **904-620-8795**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0048168