

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
Sep 18 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **719516** (7)

1. Corporation Name

**CHRIST CENTER OF CENTRAL FLORIDA, INC.**



Principal Place of Business <b>1808 SE 11TH STREET OCALA FL 32670 US</b>	Mailing Address <b>1308 SE 11TH STREET OCALA FL 34470 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 1410 SE 48th Ave</b> Suite, Apt. #, etc.		2a. Mailing Address <b>26 1410 SE 48th Ave</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>10/15/1970</b>		3a. Date of Last Report <b>05/01/1996</b>	
22 City & State <b>23 OCALA, FL</b> Zip <b>24 34471</b>		27 City & State <b>28 OCALA, FL</b> Zip <b>29 34471</b>		4. FEI Number <b>59-6249291</b>		Applied For <input type="checkbox"/> Not Applicable	
25 Country <b>25 MARION</b>		30 Country <b>30 MARION</b>		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		8. May Be Added to Fees <b>\$5.00</b>			

9. Name and Address of Current Registered Agent

**KING, GEORGE**

**1808 SE 11TH ST. = change of address →  
OCALA FL 34470**

10. Name and Address of New Registered Agent

81 Name

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

**1410 SE 48th Ave**

84 City

**OCALA**

**FL**

85 Zip Code

**34471**

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.

SIGNATURE

**George King - Director/President**

(NOTE: Registered Agent signature required when reinstating)

**8-11-97**

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>KING, GEORGE</b>	
STREET ADDRESS	<b>2384 SE 50TH TERR. ✓</b>	
CITY-ST-ZIP	<b>OCALA FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>KING, ESTHER R.</b>	
STREET ADDRESS	<b>2384 SE 50TH TERR.</b>	
CITY-ST-ZIP	<b>OCALA FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>MOTT, HOWARD</b>	
STREET ADDRESS	<b>COUNTY ROAD 181</b>	
CITY-ST-ZIP	<b>BUSHNELL FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>DINKINS, LEWIS E.</b>	
STREET ADDRESS	<b>201 NE 8 AVE ST #100</b>	
CITY-ST-ZIP	<b>OCALA FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>RUSHING, DARIOLO</b>	
STREET ADDRESS	<b>4201 S PLEASANT GRV RD</b>	
CITY-ST-ZIP	<b>INVERNESS FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>KING, GEORGE</b>	<b>of address only</b>
1.3 STREET ADDRESS	<b>1410 SE 48th Ave ✓</b>	
1.4 CITY-ST-ZIP	<b>OCALA, FL 34471</b>	
2.1 TITLE	<del>XXXXXXXXXX</del>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<del>XXXXXXXXXX</del>	
2.3 STREET ADDRESS	<del>XXXXXXXXXX</del>	
2.4 CITY-ST-ZIP	<del>XXXXXXXXXX</del>	
3.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>HOWARD, MOTT</b>	<b>of address + name correction</b>
3.3 STREET ADDRESS	<b>5918 C-575</b>	
3.4 CITY-ST-ZIP	<b>BUSHNELL FL 33513</b>	
4.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>DINKINS, LEWIS E</b>	
4.3 STREET ADDRESS	<b>201 NE 8th ST #100</b>	
4.4 CITY-ST-ZIP	<b>OCALA FL 34470</b>	
5.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>DR. AL OPP</b>	<b>(N/A)</b>
5.3 STREET ADDRESS	<b>P.O. Box 341</b>	
5.4 CITY-ST-ZIP	<b>OXFORD, FL 32684</b>	
6.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>KING, GARY</b>	
6.3 STREET ADDRESS	<b>5931 SW 62nd PL</b>	
6.4 CITY-ST-ZIP	<b>OCALA FL 34474</b>	

14. I do 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.

SIGNATURE

**SIGNATURE REQUIRED: GEORGE KING**

**8-11-97**

**30-164-8286**

CR2E037 (4/97)