CHRIST CENTER OF CENTRAL FLORIDA, INC. Discrete of Business Maing Address 0.5-27-2002 90304 1025 ****61.25 Innequal Place of Business Maing Address 100 St with Ak good Discrete of Business	DOCUMENT # 71951	6			y $2\overline{7}, \overline{20}$	ED 02 8:0	00 an
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7/P Country Zip Country Sec449291 Inst Application 6. Name and Address of Current Registered Agent 7. Name and Address of Status Desired \$8.75 Additional res Regulard \$8.75 Additional res Regulard \$8.75 Additional res Regulard CMA, GEORGE Name Name Name Name Name MAG Street Address of Naw Registered Agent 7. Name and Address of Naw Registered Agent Name CMA, GEORGE Name Name Name Name MATURE Street Address (P.O. Box Number is Not Acceptable) The above named entity submits the statement for the purpose of changing its registered office or registered agent. or aoth, in the state of Porida. Street Address (P.O. Box Number is Not Acceptable) Out The above named entity submits the statement for the purpose of changing its registered agent or aoth, in the state of Porida. Street Address (P.O. Box Number is Not Acceptable) Out The above named entity submits the statement for the purpose of changing its registered agent or address of Naw Registered Agent Statement of True Street Provide The statement of the purpose of changing its registered agent or address of Naw Registered Agent Statement of States State Address (P.O. Box Number is Not Acceptable) Out Date Date FILE NOW: FEE IS \$61.25 Provide True States State Address of Naw Registered Agent or address of Naw Registered Agent or address of Naw Registered Agent or address of Naw Reg							nalied For
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Name Name NING, GEORGE Stretel Address (P.O. Box Number is Not Acceptable) 1410 SE 48TH AVE City City FL 200ALA FL 34471 City The above named entity submits this statement for the purpose of changing its registered agent, or both, in the state of Florida. 30 Brittlen Novi C presentation of ingoand gent and the Parabola. 31 Pittlen Novi: FEE 15 \$61.25 9 Election Campaign Financing Trust Fund Contribution \$55.00 May be Added to Fees 20 OFFICERS AND DIRECTORS 11 Novi: FEE 15 \$61.25 9 Election Campaign Financing Trust Fund Contribution \$55.00 May be Added to Fees 20 OFFICERS AND DIRECTORS 11 ADDITIONS/CHANGES TO DIFFICERS AND DIRECTORS IN 10 11 Novi: State City of the Parabola 11 Novi: State City of the Parabola 11 Novi: State City of the Parabola 12 D Deele Itit 13 OCALA FL City of the Parabola 14 Deele Itit Addition 15 D City of the Parabola 16 D City of the Parabola 17 DOALA FL City of the Parabola 18 DOA	Zip Country	Zip	Country	5. Certificate of Sta	atus Desired		
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The above named entity submits this statement for the purpose of changing its registered agent, or both, in the state of Florida.	KING GEORGE	1	Street Addre	 ess (P.O. Box Number is N	lot Acceptable)		
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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 trustse empowered to execute this report as required by Chapter 617. Florida Statutes, and that my name appears in Block 10 or Block 11 if the corporation or the receiver or trustse empowered to execute this report as required by Chapter 617. Florida Statutes, and that my name appears in Block 10 or Block 11 if the corporation or the receiver or trustse empowered to execute this report as required by Chapter 617. Florida Statutes, and that my name appears in Block 10 or Block 11 if the corporation or the receiver or trustse empowered to execute this report as required by Chapter 617. Florida Statutes, and that my name appears in Block 10 or Block 11 if the corporation or the receiver or trustse empowered to execute this report as required by Chapter 617. Florida Statutes, and that my name appears in Block 10 or Block 11 if the corporation or the receiver or trustse empowered to execute this report as required by Chapter 617. Florida Statutes, and that my name appears in Block 10 or Block 11 if the corporation or the receiver or trustse empowered to execute this report as required by Chapter 617. Florida Statutes, and that my name appears in Block 10 or Block 11 if the corporation or the receiver or trustse empowered to execute the same set of the corporation or the receiver or trustse empowers in Block 11 if the corporation or the receiver or trustse empowers in Block 10 or Block 11 if the corporation or the receiver of the corporation or	FILE NOW: FEE IS \$61.25 0. OFFICERS AN TLE P MARE KING, GEORGE 1410 SE 48TH AVE OCALA FL TV-ST-ZIP OCALA FL D OCALA FL ME D ME S931 SW 62ND PL OCALA FL OCALA FL TV-ST-ZIP OCALA FL NME MOTT, HOWARD S918 C-575 BUSHNELL FL TV-ST-ZIP DINKINS, LEWIS E	Trust Fund (ND DIRECTORS Delete Delete Delete Delete Delete	mpaign Financing Contribution. III. 111. TITLE NAME STREET ADDRESS CITY-ST-ZIP IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP IITLE NAME TITLE NAME STREET ADDRESS CITY-ST-ZIP IITLE NAME	\$5.00 May Be Added to Fees	Make Che Departn	eck Payable nent of State DIRECTORS.IN Change	Addition
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