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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **732430** **(4)**

1. Corporation Name

THE CENTRAL CHURCH OF CHRIST, INC.

Principal Place of Business	Mailing Address
1010 HARTMAN ROAD P O BOX 3720 FORT PIERCE FL 34948	1010 HARTMAN ROAD P O BOX 3720 FORT PIERCE FL 34948

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/11/1975
3a. Date of Last Report: 04/20/1994
4. FEI Number: 59-2451627 ☐ Applied For ☐ Not Applicable
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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

* SNEED, RICHARD D JR.
700 VIRGINIA AVE.
SUITE 102-SUN BANK BLDG.
FT PIERCE FL 33450

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 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	D	11 TITLE	☐ Change ☐ Addition
NAME	PARK, RALPH C	12 NAME	
STREET ADDRESS	1312 S 33RD ST	13 STREET ADDRESS	300001470613
CITY-ST-ZIP	FT PIERCE FL	14 CITY-ST-ZIP	-05/02/95--01064--024
TITLE	D	21 TITLE	*****61.25 *****61.25
NAME	PICKLESIMER, ESTILL	22 NAME	☐ Change ☐ Addition
STREET ADDRESS	2301 ORANGE AVE.	23 STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE FL	24 CITY-ST-ZIP	
TITLE	P	31 TITLE	☐ Change ☐ Addition
NAME	PICKLESIMER, ESTILL	32 NAME	
STREET ADDRESS	2301 ORANGE AVENUE	33 STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	LUNDY, PAUL	42 NAME	
STREET ADDRESS	1808 S 30TH ST.	43 STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE FL	44 CITY-ST-ZIP	
TITLE	V	51 TITLE	☐ Change ☐ Addition
NAME	LUNDY, PAUL	52 NAME	
STREET ADDRESS	1808 S 30TH ST	53 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL	54 CITY-ST-ZIP	
TITLE	ST	61 TITLE	☐ Change ☐ Addition
NAME	PICKLESIMER, H. H.	62 NAME	
STREET ADDRESS	1702 HISPANA AVENUE	63 STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE FL	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: H.H. Picklesimer Sec.-Treasurer 4-17-95 407-466-2625
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
H.H. PICKLESIMER.
+H 4-27-95

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