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FILED  
Apr 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 # **732430** (4)

1. Corporation Name

**THE CENTRAL CHURCH OF CHRIST, INC.**

Principal Place of Business

**1010 HARTMAN ROAD  
P O BOX 3728  
FORT PIERCE FL 34948**

Mailing Address

**1010 HARTMAN ROAD  
P O BOX 3728  
FORT PIERCE FL 34948-3728**



3. Date Incorporated or Qualified **04/11/1975** 3a. Date of Last Report **04/25/1996**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. *Same*  
22 City & State *Same*  
23 Zip Country  
24 25 29 30

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>POWELL, JAMES A.</b>	
STREET ADDRESS	<b>8711 TARO STREET</b>	
CITY-ST-ZIP	<b>FT PIERCE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>PICKLESIMER, ESTILL</b>	
STREET ADDRESS	<b>2301 ORANGE AVE.</b>	
CITY-ST-ZIP	<b>FT PIERCE FL</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>PICKLESIMER, ESTILL</b>	
STREET ADDRESS	<b>2301 ORANGE AVENUE</b>	
CITY-ST-ZIP	<b>FT PIERCE FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>LUNDY, PAUL</b>	
STREET ADDRESS	<b>1088 S 30TH ST.</b>	
CITY-ST-ZIP	<b>FT PIERCE FL</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>LUNDY, PAUL</b>	
STREET ADDRESS	<b>1088 S 30TH ST</b>	
CITY-ST-ZIP	<b>FT PIERCE FL</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> DELETE
NAME	<b>PICKLESIMER, H. H.</b>	
STREET ADDRESS	<b>1702 HISPANA AVENUE</b>	
CITY-ST-ZIP	<b>FT PIERCE FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Charles Wharton II</b>
4.3 STREET ADDRESS	<b>909 W. Weatherbee Rd.</b>
4.4 CITY-ST-ZIP	<b>Ft. Pierce, Fla. 34982-6961</b>
5.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Powell, James A.</b>
5.3 STREET ADDRESS	<b>8711 Taro St.</b>
5.4 CITY-ST-ZIP	<b>Ft. Pierce, Fla.</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 of this filing, or on an attachment with an address.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*H-H-97*

*761-466-7625*

CR2E037 (9/96)