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**Secretary of State**

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 732430**

1. Corporation Name

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

Principal Place of Business

Mailing Address

1010 HARTMAN ROAD  
FORT PIERCE FL 34948  
US

1010 HARTMAN ROAD  
P O BOX 3728  
FORT PIERCE FL 34948



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

04/11/1975

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-2451627

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE  
NAME POWELL, JAMES A.  
STREET ADDRESS 6711 TARO STREET  
CITY-ST-ZIP FT PIERCE FL

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME PICKLESIMER, ESTILL  
STREET ADDRESS 2301 ORANGE AVE.  
CITY-ST-ZIP FT PIERCE FL

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE P ☐ DELETE  
NAME PICKLESIMER, ESTILL  
STREET ADDRESS 2301 ORANGE AVENUE  
CITY-ST-ZIP FT PIERCE FL

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME WHARTON, CHARLES II  
STREET ADDRESS 909 W WEATHERBEE RD  
CITY-ST-ZIP FT PIERCE FL

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE V ☐ DELETE  
NAME POWELL, JAMES A  
STREET ADDRESS 8711 TARO ST  
CITY-ST-ZIP FT. PIERCE FL

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ST ☐ DELETE  
NAME PICKLESIMER, H. H.  
STREET ADDRESS 1702 HISPANA AVENUE  
CITY-ST-ZIP FT PIERCE FL

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 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 2 or Block 13 if changed, or on an attachment with an address, with all other like, empowered.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0074198

CR2E037 (11/98)