

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 732430

1. Entity Name

THE CENTRAL CHURCH OF CHRIST, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90031 043 ****61.25

Principal Place of Business	Mailing Address
1010 HARTMAN ROAD FORT PIERCE FL 34948 US	1010 HARTMAN ROAD P O BOX 3728 FORT PIERCE FL 34948-3728

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
59-2451627	Not Applicable

5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	POWELL, JAMES A.	
STREET ADDRESS	6711 TARO STREET	
CITY-ST-ZIP	FT PIERCE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PICKLESIMER, ESTILL	
STREET ADDRESS	2301 ORANGE AVE.	
CITY-ST-ZIP	FT PIERCE FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	PICKLESIMER, ESTILL	
STREET ADDRESS	2301 ORANGE AVENUE	
CITY-ST-ZIP	FT PIERCE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHARTON, CHARLES II	
STREET ADDRESS	909 W WEATHERBEE RD	
CITY-ST-ZIP	FT PIERCE FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	POWELL, JAMES A	
STREET ADDRESS	8711 TARO ST	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	PICKLESIMER, H. H.	
STREET ADDRESS	1702 HISPANA AVENUE	
CITY-ST-ZIP	FT PIERCE FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: PICKLESIMER 4-20-2000 (561) 466-2625
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)