

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 12, 2001 8:00 am**  
**Secretary of State**

04-12-2001 90051 015 \*\*\*\*\*61.25

0082837

**DOCUMENT # 732430**

1. Entity Name

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

Principal Place of Business

1010 HARTMAN ROAD  
 FORT PIERCE FL 34948  
 US

Mailing Address

1010 HARTMAN ROAD  
 P O BOX 3728  
 FORT PIERCE FL 34948

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2451627**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

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

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition  
 NAME **JAMES JENKINS**  
 STREET ADDRESS **5550 LIGON CR**  
 CITY-ST-ZIP **PORT ST LUCIE FL 34983**

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

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ 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: [Signature]**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-9-01 - 565-466-8625**

Date

Daytime Phone #

CR2E037 (10/00)