

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

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

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

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

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

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

TITLE NAME ☐ Delete  
JENKINS, JAMES  
STREET ADDRESS  
CITY-ST-ZIP 5550 LIGON CR  
PORT SAINT LUCIE FL 34983

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

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

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

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

TITLE NAME ☐ Change ☐ Addition  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

FILED  
May 12, 2002 8:00 am  
Secretary of State

05-12-2002 90629 022 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)