

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90252 010 ****61.25

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**

☐ CHECK HERE IF MAKING CHANGES



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. I am familiar with, and accept the obligations of registered agent.

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
Florida 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 **ST** ☐ Change ☒ Addition
NAME **TERRY C. BUCKFORD**
STREET ADDRESS **5373 NW RUGBY DRIVE**
CITY-ST-ZIP **PORT ST LUCIE FL**

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 **JENKINS, JAMES**
STREET ADDRESS **5550 LIGON CR**
CITY-ST-ZIP **PORT SAINT LUCIE FL 34983**

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

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.

JAMES JENKINS

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/3

772-344-9817

CR2E037 (10/02)