

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **745219** (6)

1. Corporation Name
THE CENTRAL FLORIDA CHURCH, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY 25 AM 8:22

Principal Place of Business Mailing Address
200 EAST ROBINSON STREET SUITE 1180 ORLANDO FL 32801 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/12/1978	3a. Date of Last Report 08/23/1994
4. FEI Number 59-1877075	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$0.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent
**MCCORMICK, TODD D.
2319 HUNTERFIELD ROAD
MAITLAND FL 32751**

10. Name and Address of New Registered Agent	
81 Name Conkling, Ronald D.	85 Zip Code FL 32804
82 Street Address (P.O. Box Number is Not Acceptable) 1348 Roosevelt Ave.	
83	
84 City Orlando	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *[Signature]*

12. OFFICERS AND DIRECTORS	
TITLE PD	PORTER, JOHN J.
NAME	200 EAST ROBINSON STREET, SUITE 1180 ORLANDO FL
STREET ADDRESS	
CITY - ST - ZIP	
TITLE SD	STEPHENSON, SAMUEL E
NAME	200 EAST ROBINSON STREET, SUITE 1180 ORLANDO FL
STREET ADDRESS	
CITY - ST - ZIP	
TITLE VD	MOYERS, CHARLES
NAME	200 EAST ROBINSON STREET, SUITE 1180 ORLANDO FL
STREET ADDRESS	
CITY - ST - ZIP	
TITLE T	MCCORMICK, TODD
NAME	200 EAST ROBINSON STREET, SUITE 1180 ORLANDO FL
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME Chacon, Jeffery	
1.3 STREET ADDRESS 200 E. Robinson St Suite 1180 Orlando FL	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME John Brush	
3.3 STREET ADDRESS 200 E. Robinson St. Suite 1180 Orlando FL	
3.4 CITY - ST - ZIP	
4.1 TITLE T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME Conkling, Ronald D.	
4.3 STREET ADDRESS 200 East Robinson St. Suite 1180 ORLANDO FL	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]*

5/19/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date (Month/Day/Year)