

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 745219 (6)

1. Corporation Name

THE CENTRAL FLORIDA CHURCH, INC.



Principal Place of Business

Mailing Address

200 EAST ROBINSON STREET
SUITE 1180
ORLANDO FL 32801
US

200 EAST ROBINSON STREET
SUITE 1180
ORLANDO FL 32801
US

3. Date Incorporated or Qualified

12/12/1978

3a. Date of Last Report

05/26/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-1877075

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution



\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes



9. Name and Address of Current Registered Agent

CONKLING, RONALD D
1348 ROOSEVELT AVE
ORLANDO FL 32804

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE

NAME CHACON, JEFFREY
STREET ADDRESS 200 EAST ROBINSON STREET, SUITE 1180
CITY-ST-ZIP ORLANDO FL

1.1 TITLE Change Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DELETE

NAME ~~OB~~ STEPHENSON, SAMUEL E
STREET ADDRESS 200 EAST ROBINSON STREET, SUITE 1180
CITY-ST-ZIP ORLANDO FL

2.1 TITLE Change Addition

2.2 NAME ~~VD~~
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DELETE

NAME ~~JD~~ BRUSH, JOHN
STREET ADDRESS 200 EAST ROBINSON STREET, SUITE 1180
CITY-ST-ZIP ORLANDO FL

3.1 TITLE Change Addition

3.2 NAME ~~NEW~~
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DELETE

NAME ~~T~~ CONKLING, RONALD D.
STREET ADDRESS 200 EAST ROBINSON STREET, SUITE 1180
CITY-ST-ZIP ORLANDO FL

4.1 TITLE Change Addition

4.2 NAME Conkling, Ronald D.
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE

NAME ~~James~~ Miner, James
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME Miner, James
5.3 STREET ADDRESS 200 East Robinson St. Suite 1180
5.4 CITY-ST-ZIP Orlando FL 32804

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME Kuhn, Thomas
6.3 STREET ADDRESS 200 East Robinson St. Suite 1180
6.4 CITY-ST-ZIP Orlando FL 32804

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 119.07(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/96

407/872-8434

CR2E037 (12/95)