

FILE NOW: FILING FEE IS \$61.25

FILED  
May 20 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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: 200 EAST ROBINSON STREET, SUITE 1180, ORLANDO FL 32801 US  
Mailing Address: 200 EAST ROBINSON STREET, SUITE 1180, ORLANDO FL 32801-1863 US

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

3. Date Incorporated or Qualified: 12/12/1978  
3a. Date of Last Report: 04/03/1996  
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:  Yes  No

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: Hattaway, Mary  
82 Street Address (P.O. Box Number is Not Acceptable): 616 Lake Howell Road  
83  
84 City: Maitland FL 85 Zip Code: 32751

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: *Mary J. Hattaway* (NOTE: Registered Agent signature required when reinstating) DATE: 05/14/97

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CHACON, JEFFREY	
STREET ADDRESS	200 EAST ROBINSON STREET, SUITE 1180	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	STEPHENSON, SAMUEL E	
STREET ADDRESS	200 EAST ROBINSON STREET, SUITE 1180	
CITY-ST-ZIP	ORLANDO FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	BRUSH, JOHN	
STREET ADDRESS	200 EAST ROBINSON STREET, SUITE 1180	
CITY-ST-ZIP	ORLANDO FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	CONKLING, RONALD D	
STREET ADDRESS	200 EAST ROBINSON STREET, SUITE 1180	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MINER, JAMES	
STREET ADDRESS	200 EAST ROBINSON ST SUITE 1180	
CITY-ST-ZIP	ORLANDO FL 32084	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KUHN, THOMAS	
STREET ADDRESS	200 EAST ROBINSON ST SUITE 1180	
CITY-ST-ZIP	ORLANDO FL 32084	

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	Stephenson, Samuel E.	
1.3 STREET ADDRESS	200 E. Robinson St., Ste. 1180	
1.4 CITY-ST-ZIP	Orlando, FL	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Whitaker, Patrick	
2.3 STREET ADDRESS	200 E. Robinson St., Ste. 1180	
2.4 CITY-ST-ZIP	Orlando, FL	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Brush, Patricia	
3.3 STREET ADDRESS	200 E. Robinson St., Ste. 1180	
3.4 CITY-ST-ZIP	Orlando, FL	
4.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Miner, James	
4.3 STREET ADDRESS	200 E. Robinson St., Ste. 1180	
4.4 CITY-ST-ZIP	Orlando, FL	
5.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Kuhn, Thomas	
5.3 STREET ADDRESS	200 E. Robinson St., Ste. 1180	
5.4 CITY-ST-ZIP	Orlando, FL	
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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, changed, or on an attachment with an address.

SIGNATURE: *RONALD D CONKLING* (NOTE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) DATE: 05/14/97 Daytime Phone # 0018817

CR2E037 (9/96)