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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # 74521

(6)

THE CENTRAL FLORIDA CHURCH, INC.

FILED Feb 05 1998 8:00am Secretary of State

| Principal Place of Business | | Malling Address | | t tootte todat debat ditto tidat tana t | an anan elen alali Alen elen elen elen (69) | |
|--|--|---|--|--|---|--|
| 200 EAST ROBINSON STREET | | 200 EAST ROBINSON STREET | | 3. Date Incorporated or Qualified | | |
| SUITE 1180 ORLANDO FL 32801 | | SUITE 1180 ORLANDO FL 32801 | | 12/12/1978 | | |
| US | 9290 i | US | | 4. FEI Number | Applied For | |
| | | | | 59-1877075 | Not Applicable | |
| 2. Principal F | Place of Business S. North Lake Blvo | 2a. Mailing Address 370 S. North L | ake Blvd | 5. Certificate of Status Desired | S8.75 Additional Fee Regulred | |
| Suite, Apt. | | Suite, Apt. #, etc. | | 6. Election Campaign Financing | \$5.00 May Be | |
| | 5.000 | 27 Suite 1000 | | Trust Fund Contribution | Added to Fees | |
| City & Stat | | City & State | | 7. Is this nonprofit corporation a ho | | |
| | monte Springs, FL | 28 Altamonte Spr | | | Yes X No | |
| Zip 24 32701 | Country 25 USA | Zip | Country | 8. This corporation owes or has pai | | |
| 24 32701 | 9. Name and Address of Current | | USA | Personal Property Tax due June 10. Name and Address of New Reg | | |
| | g. Italia and Againes of Curtain | t Hegistered Agent | 81 Name | | Newson Marit | |
| HATTAWAY, MARY | | | Hattaway, Mary | | | |
| 616 LAKE HOWELL RD | | | 1 1 | 62 Street Address (P.O. Box Number is Not Acceptable) | | |
| MAITLAND FL 32751 | | | 83 | 6 Lake Howell Rd | | |
| - WAILDI | 10 12 02/01 | | | | | |
| | | | 84 City Ma | aitland | FL 85 Zip Code 32751 | |
| 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes | | | s, the above named corp | oration submits this statement for the p | urpose of changing its registered | |
| office or a | registered agent, or both, in the State am familiar with, and accept the obliga | of Florida. Such change was au itions of, Section 617.0503, Flor | thorized by the corporatida Statutes. | ion's board of directors. I hereby accep | t the appointment as registered | |
| SIGNATURE | , , , | · · · · · · · · · · · · · · · · · · · | way, Secretary | 7 | 01/02/97 | |
| | Signature, typed or printed name of registered eger | nt and title if applicable (NOTE: | Registered Agent signature require | ed when reinstating) | DATE | |
| 12. | OFFICERS AND | | 13. | ADDITIONS/CHANGES TO OFFICE | | |
| TITLE | VD | ☐ DELETE | 1.1 TITLE PI | | Change Addition | |
| NAME CENTER ADDRESS | THE THE POPULATION OF THE PARTY AND THE PART | | 1.2 NAME Wh | itsker, Patrick) S. North Lake Blyd., S | 1 | |
| STREET ADDRESS | ORLANDO FL | , SUITE 1100 | 1.3 STREET ADDRESS 37 |) S. North Lake Blyd., Si tarronte Springs, FL 327 | uite 1000 | |
| CITY-ST-ZIP TITLE | PD | DELETE | | anionte springs, FL 321 | Change Addition | |
| NAME | STEPHENSON, SAMUEL E | M | 10 | tower Many | | |
| STREET ADDRESS | 200 EAST ROBINSON STREET | . SUITE 1180 | μαι | taway, Mary | | |
| CITY-ST-ZIP | ORLANDO FL | | | I C Masth Laka Diva Ci | uito 100 | |
| TITLE | D | , 55/12 / 105 | |) S. North Lake Blvd., St temonte Springs, FL 327 | 01 | |
| NAME | | DELETE | |) S. North Lake Blvd., St temonte Springs, FL 327 | | |
| STREET ADDRESS | BRUSH, PATRICIA | | 2 4 CITY-ST-ZIP Alt 3.1 TITLE D 3.2 NAME Edd | temonte Springs, FL 327. die Francis | Change Addition | |
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| berner er | • | , SUITE 1180 | 2 4 CHY-ST-ZIP A11 3.1 THLE D 3.2 NAME Edd 3.3 STREET ADDRESS 370 | temonte Springs, FL 327. die Francis | O1 Change Addition | |
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4. 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 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, MOUNT HOLD OUT OUT &

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