

FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 05 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 745219 (6)**

1. Corporation Name  
**THE CENTRAL FLORIDA CHURCH, INC.**



Principal Place of Business <b>200 EAST ROBINSON STREET SUITE 1180 ORLANDO FL 32801 US</b>	Mailing Address <b>200 EAST ROBINSON STREET SUITE 1180 ORLANDO FL 32801 US</b>
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3. Date Incorporated or Qualified <b>12/12/1978</b>
4. FEI Number <b>59-1877075</b>
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business <b>21 370 S. North Lake Blvd</b>	2a. Mailing Address <b>26 370 S. North Lake Blvd</b>
Suite, Apt. #, etc. <b>22 Suite 1000</b>	Suite, Apt. #, etc. <b>27 Suite 1000</b>
City & State <b>23 Altamonte Springs, FL</b>	City & State <b>28 Altamonte Springs, FL</b>
Zip <b>24 32701</b>	Zip <b>29 32701</b>
Country <b>25 USA</b>	Country <b>30 USA</b>

5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

**HATTAWAY, MARY  
616 LAKE HOWELL RD  
MAITLAND FL 32751**

10. Name and Address of New Registered Agent

81 Name <b>Hattaway, Mary</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>616 Lake Howell Rd</b>
83
84 City <b>Maitland</b>
85 Zip Code <b>FL 32751</b>

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, Secretary** DATE **01/02/97**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE <b>VD</b>	<input type="checkbox"/> DELETE
NAME <b>WHITAKER, PATRICK</b>	
STREET ADDRESS <b>200 EAST ROBINSON STREET, SUITE 1180</b>	
CITY-ST-ZIP <b>ORLANDO FL</b>	
TITLE <b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>STEPHENSON, SAMUEL E</b>	
STREET ADDRESS <b>200 EAST ROBINSON STREET, SUITE 1180</b>	
CITY-ST-ZIP <b>ORLANDO FL</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>BRUSH, PATRICIA</b>	
STREET ADDRESS <b>200 EAST ROBINSON STREET, SUITE 1180</b>	
CITY-ST-ZIP <b>ORLANDO FL</b>	
TITLE <b>S</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>MINER, JAMES</b>	
STREET ADDRESS <b>200 EAST ROBINSON ST SUITE 1180</b>	
CITY-ST-ZIP <b>ORLANDO FL</b>	
TITLE <b>T</b>	<input type="checkbox"/> DELETE
NAME <b>KUHN, THOMAS</b>	
STREET ADDRESS <b>200 EAST ROBINSON ST SUITE 1180</b>	
CITY-ST-ZIP <b>ORLANDO FL</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>Whitaker, Patrick</b>	
1.3 STREET ADDRESS <b>370 S. North Lake Blvd., Suite 1000</b>	
1.4 CITY-ST-ZIP <b>Altamonte Springs, FL 32701</b>	
2.1 TITLE <b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME <b>Hattaway, Mary</b>	
2.3 STREET ADDRESS <b>370 S. North Lake Blvd., Suite 100</b>	
2.4 CITY-ST-ZIP <b>Altamonte Springs, FL 32701</b>	
3.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME <b>Eddie Francis</b>	
3.3 STREET ADDRESS <b>370 S. North Lake Blvd., Suite 1000</b>	
3.4 CITY-ST-ZIP <b>Altamonte Springs, FL 32701</b>	
4.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME <b>Wynn Earlie</b>	
4.3 STREET ADDRESS <b>370 S. North Lake Blvd., Suite 1000</b>	
4.4 CITY-ST-ZIP <b>Altamonte Springs, FL 32701</b>	
5.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME <b>Randy Stephens</b>	
5.3 STREET ADDRESS <b>370 S. North Lake Blvd., Suite 1000</b>	
5.4 CITY-ST-ZIP <b>Altamonte Springs, FL 32701</b>	
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 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: *Mary J. Hattaway* *1/1/97* *(1111111-1111)*

CR2E037 (10/97)