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Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90101 037 ****70.00

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 745219

1. Corporation Name
THE CENTRAL FLORIDA CHURCH, INC.

Principal Place of Business 370 S NORTH LAKE BLVD STE 1000 ALTAMONTE SPGS FL 32701 US	Mailing Address 370 S NORTH LAKE BLVD STE 1000 ALTAMONTE SPGS FL 32701 US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 12/12/1978
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-1877075
22. City & State	27. City & State	Applied For Not Applicable
23. Zip	28. Zip	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
24. Country	29. Country	30. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

HATTAWAY, MARY
370 NORTH LAKE BLVD., SUITE 1000
ALTAMONTE SPRINGS FL 32707

10. Name and Address of New Registered Agent

81. Name
Carol Spadaro

82. Street Address (P.O. Box Number is Not Acceptable)
370 S. North Lake Blvd., Suite 1000

83. City
Altamonte Springs

84. State
FL

85. Zip Code
32701

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 *Carol Spadaro* **Carol Spadaro, CFO** **03/10/99**

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

12. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> DELETE
NAME	WHITAKER, PATRICK	
STREET ADDRESS	370 S NORTH LAKE BLVD, STE 1000	
CITY-ST-ZIP	ALTAMONTE SPGS FL 32707	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	HATTAWAY, MARY	
STREET ADDRESS	370 NORHT LAKE BLVD., SUITE 1000	
CITY-ST-ZIP	ALTAMONTE SPGS FL 32707	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	KUHN, THOMAS	
STREET ADDRESS	370 NORTH LAKE BLVD., STE 1000	
CITY-ST-ZIP	ALTAMONTE SPGS FL 32707	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FRANCIS, EDDIE MAC	
STREET ADDRESS	370 S NORTH LAKE BLVD, STE 1000	
CITY-ST-ZIP	ALTAMONTE SPGS FL 32707	
TITLE	D	<input type="checkbox"/> DELETE
NAME	EARGLE, WYNN	
STREET ADDRESS	370 NORTH LAKE BLVD., SUITE 1000	
CITY-ST-ZIP	ALTAMONTE SPGS FL 32707	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	STEPHENS, RANDY	
STREET ADDRESS	370 NORTH LAKE BLVD., STE 1000	
CITY-ST-ZIP	ALTAMONTE SPGS FL 32707	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Spadaro, Carol	
1.3 STREET ADDRESS	370 S. North Lake Blvd., Suite 1000	
1.4 CITY-ST-ZIP	Altamonte Springs, FL 32701	
2.1 TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Mahfood, Barry	
2.3 STREET ADDRESS	370 S. North Lake Blvd., Suite 1000	
2.4 CITY-ST-ZIP	Altamonte Springs, FL 32701	
3.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Hull, Alex	
3.3 STREET ADDRESS	370 S. North Lake Blvd., Suite 1000	
3.4 CITY-ST-ZIP	Altamonte Springs, FL 32701	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
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 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, with all other like empowered.

SIGNATURE: *Carol Spadaro* **SIGNATURE REQUIRED Carol Spadaro, CFO** **03/10/99** **407/767-7277**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)