

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 745219

1. Entity Name

THE CENTRAL FLORIDA CHURCH, INC.

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90046 040 ****70.00

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 32701-5259 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1877075	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPADARO, CAROL
370 NORTH LAKE BLVD., SUITE 1000
ALTAMONTE SPRINGS FL 32707

7. Name and Address of New Registered Agent

Name
Barry Mahfood

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

City
Altamonte Springs **FL** Zip Code
32701

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE  **Barry Mahfood, Director** **4/6/00**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. 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 CFO	<input checked="" type="checkbox"/> Delete
NAME SPADARO, CAROL	
STREET ADDRESS 370 NORHT LAKE BLVD., SUITE 1000	
CITY-ST-ZIP ALTAMONTE SPGS FL 32707	
TITLE STD	<input type="checkbox"/> Delete
NAME MAHFORD, BARRY	
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 TD	<input type="checkbox"/> Delete
NAME HULL, ALEX	
STREET ADDRESS 370 NORTH LAKE BLVD., STE 1000	
CITY-ST-ZIP ALTAMONTE SPGS FL 32707	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Whitaker, Patrick	
STREET ADDRESS 370 S. North Lake Blvd, Suite 1000	
CITY-ST-ZIP Altamonte Springs, FL 32701	
TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Crites, Kathy	
STREET ADDRESS 370 S. North Lake Blvd, Suite 1000	
CITY-ST-ZIP Altamonte Springs, FL 32701	
TITLE SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Barry Mahfood	
STREET ADDRESS 370 S. North Lake Blvd, Suite 1000	
CITY-ST-ZIP Altamonte Springs, FL 32701	
TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Francis, Eddie Mac	
STREET ADDRESS 370 S. North Lake Blvd, Suite 1000	
CITY-ST-ZIP Altamonte Springs, FL 32701	
TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Eargle, Wynn	
STREET ADDRESS 370 S. North Lake Blvd, Suite 1000	
CITY-ST-ZIP Altamonte Springs, FL 32701	
TITLE TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Hull, Alex	
STREET ADDRESS 370 S. North Lake Blvd, Suite 1000	
CITY-ST-ZIP Altamonte Springs, FL 32701	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **SIGNATURE REQUIRED Barry Mahfood, Director** **4/6/00** **407-767-7277**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)