

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90069 018 ****70.00

DOCUMENT # 745219

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FET Number

59-1877075

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MAHFOOD, BARRY
370 NORTH LAKE BLVD., SUITE 1000
ALTAMONTE SPRINGS FL 32707

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	WHITAKER, PATRICK	370 S NORTH LAKE BLVD, STE 1000	ALTAMONTE SPGS FL 32707	<input type="checkbox"/>
D	CRITES, KATHY	370 S. NORTH LAKE BLVD SUITE 1000	ALTAMONTE SPRINGS FL 32701	<input type="checkbox"/>
SD	MAHFORD, BARRY	370 NORTH LAKE BLVD., STE 1000	ALTAMONTE SPGS FL 32707	<input type="checkbox"/>
D	FRANCIS, EDDIE MAC	370 S NORTH LAKE BLVD, STE 1000	ALTAMONTE SPGS FL 32707	<input type="checkbox"/>
D	EARGLE, WYNN	370 NORTH LAKE BLVD., SUITE 1000	ALTAMONTE SPGS FL 32707	<input type="checkbox"/>
TD	HULL, ALEX	370 NORTH LAKE BLVD., STE 1000	ALTAMONTE SPGS FL 32707	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
			Altamonte Springs, FL 32701	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
			Altamonte Springs, FL 32701	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			Altamonte Springs, FL 32701	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			Altamonte Springs, FL 32701	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			Altamonte Springs, FL 32701	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Barry Mahfood, Director

407-767-7277

Date

Daytime Phone #

CR2E037 (10/00)