

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90039 017 ****70.00

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DOCUMENT # 745219

1. Entity Name

THE CENTRAL FLORIDA CHURCH, INC.

Principal Place of Business

Mailing Address

**370 S NORTH LAKE BLVD
 STE 1000
 ALTAMONTE SPGS FL 32701
 US**

**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



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1877075**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

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

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Morris, Mike	
STREET ADDRESS	370 S North Lake Blvd, Ste 1000	
CITY-ST-ZIP	Altamonte Springs, FL 32701	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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** Mahfood, Director **4/18/02** 407-767-7277

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)