


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90077 049 \*\*\*\*70.00

**DOCUMENT # 745219**

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



Principal Place of Business  
**214 N GOLDENROD RD #11 ORLANDO, FL 32807 US**

Mailing Address  
**214 N GOLDENROD RD #11 ORLANDO, FL 32807 US**

JYU41J006



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

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

02172004 Chg-NP CR2E037 (10/03)

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  
**MAHFOOD, BARRY**  
**214 N GOLDENROD RD #11**  
**ORLANDO, FL 32807**

7. Name and Address of New Registered Agent

Name **Kathy Crites**

Street Address (P.O. Box Number is Not Acceptable)  
**214 N. Goldenrod Road, #11**

City **Orlando** State **FL** Zip Code **32807**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Kathy Crites* (NOTE: Registered Agent signature required when reinstating) DATE **4/1/2004**

**Filing Fee is \$61.25 Due by May 1, 2004**

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

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	WHITAKER, PATRICK	
STREET ADDRESS	214 N GOLDENROD STE 11	
CITY-ST-ZIP	ORLANDO, FL 32807	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CRITES, KATHY	
STREET ADDRESS	214 N GOLDENROD RD STE 11	
CITY-ST-ZIP	ORLANDO, FL 32807	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MAHFORD, BARRY	
STREET ADDRESS	214 N GOLDENROD RD STE 11	
CITY-ST-ZIP	ORLANDO, FL 32807	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRANCIS, EDDIE MAC	
STREET ADDRESS	214 N GOLDENROD RD #11	
CITY-ST-ZIP	ORLANDO, FL 32807	
TITLE	D	<input type="checkbox"/> Delete
NAME	MORRIS, MIKE	
STREET ADDRESS	214 N GOLDERROD RD #11	
CITY-ST-ZIP	ORLANDO, FL 32807	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HULL, ALEX	
STREET ADDRESS	214 N GOLDERROD RD STE 11	
CITY-ST-ZIP	ORLANDO, FL 32807	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Barry Mattox	
STREET ADDRESS	214 N. Goldenrod Road, #11	
CITY-ST-ZIP	Orlando, FL 32807	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Samuel Stephenson	
STREET ADDRESS	214 N. Goldenrod Road #11	
CITY-ST-ZIP	Orlando, FL 32807	
TITLE	S, CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Barry Mahfood	
STREET ADDRESS	214 N. Goldenrod Road, #11	
CITY-ST-ZIP	Orlando, FL 32807	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Eddie Francis	
STREET ADDRESS	214 N. Goldenrod Road, #11	
CITY-ST-ZIP	Orlando, FL 32807	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Alex Hull	
STREET ADDRESS	214 N. Goldenrod Road, #11	
CITY-ST-ZIP	Orlando, FL 32807	

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: *BARRY MAHFOOD* (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) DATE: **4/1/04** DAYTIME PHONE #: **407-823-7370**