

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90116 010 ****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

214 N. Goldenrod Road #11 **214 N. Goldenrod Road #11**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Orlando, FL **Orlando, FL**

Zip Country Zip Country

32807 USA **32807 USA**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

MAHFOOD, BARRY
370 NORTH LAKE BLVD., SUITE 1000
ALTAMONTE SPRINGS FL 32701

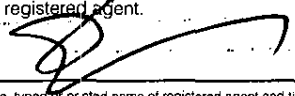
7. Name and Address of New Registered Agent

Name: _____

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

City: **Orlando, 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:  DATE: **4/7/03**

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 Florida Department of State

10. OFFICERS AND DIRECTORS

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 type="checkbox"/> Delete
NAME	MORRIS, MIKE	
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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	214 n. Goldenrod, Suite 11	
CITY-ST-ZIP	Orlando, FL 32807	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	214 n. Goldenrod Rd. #11	
CITY-ST-ZIP	Orlando, FL 32807	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	214 n. Goldenrod Rd. #11	
CITY-ST-ZIP	Orlando, FL 32807	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	214 n. Goldenrod Rd. #11	
CITY-ST-ZIP	Orlando, FL 32807	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	214 n. Goldenrod Rd. #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:  **4/7/03 407-767-7277**

CR2E037 (10/02)