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Apr 22, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N26848

1. Corporation Name
CENTRAL CHRISTIAN CHURCH OF FORT LAUDERDALE, INC

Principal Place of Business 1300 NE 38 ST OAKLAND PARK FL 33334 US	Mailing Address 1300 NE 38 ST OAKLAND PARK FL 33334 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 06/08/1988 4. FEI Number 59-1768970 5. Certificate of Status Desired <input type="checkbox"/> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent TYREE, MARK R 1460 SW 23 AVE FT. LAUDERDALE FL 33312	10. Name and Address of New Registered Agent 81 Name KEVIN CAHOW 82 Street Address (P.O. Box Number is Not Acceptable) 1985 SE 15 th CT 83 84 City POMPANO BEACH, FL 85 Zip Code 33062
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE KEVIN CAHOW Kevin Cahow DATE 4-11-99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D SHUMAN, JOYCE <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHUMAN, JOYCE	1.2 NAME	CAHOW, KEVIN
STREET ADDRESS	219 IMPERIAL LANE	1.3 STREET ADDRESS	1985 SE 15 th CT
CITY-ST-ZIP	LAUDERDALE-BY-THE-SEA FL 33308	1.4 CITY-ST-ZIP	POMPANO BEACH, FL 33062
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITELEY, HELEN	2.2 NAME	
STREET ADDRESS	105 LAKE EMERALD DR., #710	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM WATTS JR.	3.2 NAME	
STREET ADDRESS	1547 NE 39 ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33334	3.4 CITY-ST-ZIP	
TITLE	D TYREE, MARK R <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TYREE, MARK R	4.2 NAME	
STREET ADDRESS	1460 SW 23RD AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEDLACK, DENNIS	5.2 NAME	
STREET ADDRESS	204 NE 40 COURT	5.3 STREET ADDRESS	
CITY-ST-ZIP	OAKLAND PARK FL 33334	5.4 CITY-ST-ZIP	
TITLE	D CHRISTOPHEL, MARK <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRISTOPHEL, MARK	6.2 NAME	
STREET ADDRESS	9821 NW 26 CT	6.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33334	6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature Required 4/11/99 954 565 9415

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)