

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 24, 2001 8:00 am**  
**Secretary of State**

01-24-2001 90075 009 \*\*\*\*61.25

cc 718

**DOCUMENT # N26848**

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-1768970**

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

**CAHOUN, KEVIN  
 1985 SE 15 CT  
 POMPAHO BCH FL 33062**

7. Name and Address of New Registered Agent

Name **CAHOW, Kevin**

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

TITLE **D** ☐ Delete  
 NAME **CAHOUN, KEVIN**  
 STREET ADDRESS **1985 SE 15 CT**  
 CITY-ST-ZIP **POMPAHO BCH FL 33062**

TITLE **D** ☐ Delete  
 NAME **WILLIAM WATTS JR.**  
 STREET ADDRESS **1547 NE 39 ST**  
 CITY-ST-ZIP **FT. LAUDERDALE FL 33334**

TITLE **D** ☐ Delete  
 NAME **SEDLACK, DENNIS**  
 STREET ADDRESS **204 NE 40 COURT**  
 CITY-ST-ZIP **OAKLAND PARK FL 33334**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
 NAME **CAHOW, Kevin**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

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TITLE ☐ Change ☐ 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:**

**DENNIS J SEDLACK**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/15/01 954 565 9415**

CR2E037 (10/00)