

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N29784

1. Entity Name

CENTRAL COMMUNITY CHURCH, INC.

Principal Place of Business

300 TUCKER LN.
COCOA FL 32926

Mailing Address

300 TUCKER LN.
COCOA FL 32926-3105

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

59-2964873

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

GILES, J D
2533 MEADOW LANE
COCOA FL 32926

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]

J. D. GILES

TREASURER

1/8/00

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 PDC ☐ Delete
NAME ALONSO, RANDY
STREET ADDRESS 300 TUCKER LN
CITY-ST-ZIP COCOA FL 32926

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

TITLE VD ☒ Delete
NAME WILLEKE, ROBERT SR
STREET ADDRESS 161 ROSEWOOD DR
CITY-ST-ZIP COCOA FL

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

TITLE D ☐ Delete
NAME ROWE, DONNA
STREET ADDRESS 138 FOREST LAKE DR
CITY-ST-ZIP COCOA FL 32926

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

TITLE TD ☐ Delete
NAME GILES, J D
STREET ADDRESS 2533 MEADOW LN
CITY-ST-ZIP COCOA FL 32926

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

TITLE S ☐ Delete
NAME WILLEKE, ESTHER
STREET ADDRESS 133 ROSEWOOD DR
CITY-ST-ZIP COCOA FL 32926

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

TITLE D ☐ Delete
NAME LANOVE, BOB
STREET ADDRESS 3906 SUGARBERRY PL
CITY-ST-ZIP COCOA FL 32926

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/00
Date

321-638-4744
Daytime Phone #

CR2E037 (9/99)