

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State
 02-01-2001 90064 013 ****61.25

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
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

4. FEI Number 59-2964873	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

**GILES, J D
 2533 MEADOW LANE
 COCOA FL 32926**

7. Name and Address of New Registered Agent

Name **J. D. GILES**
 Street Address (P.O. Box Number is Not Acceptable)
635 BREVARD AVE.
 City **COCOA** FL Zip Code **32922-7807**

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]* DATE 1/8/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDC ALONSO, RANDY 300 TUCKER LN COCOA FL 32926 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WILLEKE, ROBERT SR 161 ROSEWOOD DR COCOA FL ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROWE, DONNA 138 FOREST LAKE DR COCOA FL 32926 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GILES, J D 2533 MEADOW LN COCOA FL 32926 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILLEKE, ESTHER 133 ROSEWOOD DR COCOA FL 32926 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANOVE, BOB 3906 SUGARBERRY PL COCOA FL 32926 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NYBERG, KEITH 400 STONE HEDGE CIRCLE ROCKLEDGE, FL 32955 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JARVIS, FRANK 3660 SANDY PINE PLACE COCOA, FL 32926 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OTT, PHYLLIS 3901 SILK OAK COURT COCOA, FL 32926 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LANOVE, BOB ☒ Change ☐ Addition

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]* **ADDITIONAL REQUIREMENT: D. GILES, TREASURER** 1/8/01 **321**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)