

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 91405 025 ****61.25

DOCUMENT # N29784

1. Entity Name

CENTRAL COMMUNITY CHURCH, INC.

Principal Place of Business

Mailing Address

**300 TUCKER LN.
COCOA FL 32926**

**300 TUCKER LN.
COCOA FL 32926**

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.
635 BREVARD AVE
COCOA FL 32922-7807**

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

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **NYBERG, KEITH**
CITY-ST-ZIP **400 STONE HEDGE CIRCLE
ROCKLEDGE FL 32955**

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **George KOS**
CITY-ST-ZIP **COCOA, FL. 32926**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **JARVIS, FRANK**
CITY-ST-ZIP **3660 SANDY PINE PLACE
COCOA FL 32926**

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

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

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

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

TITLE ☒ Change ☐ Addition
NAME **SD**
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition
NAME **ADA LANOVE**
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 Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/02 *321-638-4744*
Date Daytime Phone #

CR2E037 (9/01)