

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90032 003 ****70.00

DOCUMENT # N29784

1. Entity Name
CENTRAL COMMUNITY CHURCH, INC.



Principal Place of Business
**300 TUCKER LANE
COCOA, FL 32926**

Mailing Address
**300 TUCKER LANE
COCOA, FL 32926**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03142008

Chg-NP

CR2E037 (12/06)

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

**ALONSO, RANDY
300 TUCKER LANE
COCOA, FL 32926**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **VD**
STREET ADDRESS **ALONSO, RANDY**
CITY-ST-ZIP **1970 WEST BARTON BLVD
ROCKLEDGE, FL 32955**

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **FINDLEY, TOM**
CITY-ST-ZIP **3635 OSAGE RD.
COCOA, FL 32926**

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **LAMB, LARRY**
CITY-ST-ZIP **1310 PEPPERTREE PLACE
ROCKLEDGE, FL 32955**

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **BOESEMAM, JAMES**
CITY-ST-ZIP **866 BROOKVIEW LN
ROCKLEDGE, FL 32955**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **HOLLOWAY, STEVEN**
CITY-ST-ZIP **3434 LOST CANYON PLACE
COCOA, FL 32926**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
NAME **T**
STREET ADDRESS **Deweese, Wilford**
CITY-ST-ZIP **3905 Bail Blvd
West Melbourne, FL 32904**

TITLE ☐ Change ☒ Addition
NAME **SD**
STREET ADDRESS **Moore, Hal**
CITY-ST-ZIP **322 Scenic Drive
Cocoa, FL 32926**

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **Lehrfeld, Mike**
CITY-ST-ZIP **2290 Bridgeport Circle
Rockledge, FL 32955**

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

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

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 exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Randy Alonso **Randy Alonso** **3/14/08** **321.302.9841**