FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 30 AM 9:24

DOCUMENT # N41900 (4)

1. Corporation Name
CENTRAL CHRISTIAN CHURCH, INC.

Principal Place of Business	Mailing Address
25 WEST 9TH ST. JACKSONVILLE FL 32206	25 WEST 9TH ST. JACKSONVILLE FL 32206

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/01/1991
3a. Date of Last Report: 02/03/1994
4. FEI Number: 59-0931258 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

GREENE, RALPH, III
220 E. FORSYTH ST.
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	P	☑ Change ☐ Addition
NAME	HARDY, MAXINE	1.2 NAME	Conner, Thomas	
STREET ADDRESS	1560 LE BARON AVENUE	1.3 STREET ADDRESS	5335 Robert Scott Dr., N	
CITY-ST-ZIP	JACKSONVILLE FL 81	1.4 CITY-ST-ZIP	Jacksonville, FL 32207	
TITLE	S	2.1 TITLE	V	☑ Change ☐ Addition
NAME	LONDON, BARBARA	2.2 NAME	Thornton, Nancy	
STREET ADDRESS	7061 S. OLD KINGS ROAD, #89	2.3 STREET ADDRESS	2179 Jean Road	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	Yulee, FL 32097	
TITLE	T	3.1 TITLE	T	☐ Change ☐ Addition
NAME	GOLCHER, JUNE	3.2 NAME	Golcher, June	
STREET ADDRESS	6575 SAPPHIRE DRIVE	3.3 STREET ADDRESS	6575 Sapphire Drive	
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	Jacksonville, FL 32208	
TITLE	D	4.1 TITLE	D	☑ Change ☐ Addition
NAME	BRANCH, WAYNE	4.2 NAME	Eddie, Sheree	
STREET ADDRESS	3961 WAYLAND STREET	4.3 STREET ADDRESS	8560 Old Plank Road	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	Jacksonville, FL 32220	
TITLE	D	5.1 TITLE	D	☑ Change ☐ Addition
NAME	HARPER, GLENDA	5.2 NAME	Hardy, John	
STREET ADDRESS	1332 QUAIL ROOST LANE	5.3 STREET ADDRESS	1560 LeBarron Avenue	
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	Jacksonville, FL 32207-8481	
TITLE	D	6.1 TITLE	D	☑ Change ☐ Addition
NAME	MYERS, NADINE	6.2 NAME	Greene, Lynne	
STREET ADDRESS	405 HOLLY AVENUE	6.3 STREET ADDRESS	913 Saratoga Road	
CITY-ST-ZIP	JACKSONVILLE FL	6.4 CITY-ST-ZIP	Jacksonville, FL 32207	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Thomas S Conner (Thomas Conner) January 24, 1995 (904) 356-1717
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000011