

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 32206-3602**



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country		3. Date Incorporated or Qualified 02/01/1991	3a. Date of Last Report 02/05/1996
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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No			

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature: Typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	GREENE, LYNNE	1.2 NAME	
STREET ADDRESS	913 SARATOGA ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	
TITLE	V ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	THORNTON, NANCY	2.2 NAME	
STREET ADDRESS	2179 JEAN ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	YULEE FL	2.4 CITY-ST-ZIP	
TITLE	T ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	GOLCHER, JUNE	3.2 NAME	
STREET ADDRESS	6575 SAPHIRE DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	EDDIE, SHEREE	4.2 NAME	
STREET ADDRESS	8580 OLD PLANK ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	HARDY, JOHN	5.2 NAME	
STREET ADDRESS	1560 LEBARRON AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	
TITLE	D ☒ DELETE	6.1 TITLE	☐ Change ☒ Addition
NAME	BRANCH, WAYNE	6.2 NAME	Myers, Nadine
STREET ADDRESS	3981 WAYLNAD STREET	6.3 STREET ADDRESS	405 Holly Avenue
CITY-ST-ZIP	JACKSONVILLE FL	6.4 CITY-ST-ZIP	Jacksonville, FL 32211

14. I do 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 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: *Lynne Greene* **Lynne Greene**

1/13/97

Daytime Phone #0004790

CR2E037 (9/96)