FILE NOW: FILING FEE IS $61.25

FILED
Apr 15, 1999 8:00 am
Secretary of State
04-15-1999 90127 050 ****61.25

000459/

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N41900**

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 02/01/1991
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-0931258 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 _____ 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	☒ DELETE	1.1 TITLE	P	☒ Change ☐ Addition
NAME	CONNER, M THOMAS		1.2 NAME	Deborah Greene	
STREET ADDRESS	5335 ROBERT SCOTT DR N		1.3 STREET ADDRESS	4219 Birmingham Rd.	
CITY-ST-ZIP	JACKSONVILLE FL 32207		1.4 CITY-ST-ZIP	Jacksonville, FL 32207	
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BRANCH, WAYLENE		2.2 NAME		
STREET ADDRESS	3961 WAYLAND ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32277		2.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	GOLCHER, JUNE		3.2 NAME		
STREET ADDRESS	6575 SAPPHIRE DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	4.1 TITLE	D	☒ Change ☐ Addition
NAME	EDDIE, SHEREE		4.2 NAME	Pam Sheppard	
STREET ADDRESS	8560 OLD PLANK ROAD		4.3 STREET ADDRESS	8985 Normandy Blvd. #265	
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP	Jacksonville, FL 32221	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	GREENE, LYNNE		5.2 NAME		
STREET ADDRESS	913 SARATOGA RD		5.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32207		5.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	6.1 TITLE	D	☒ Change ☐ Addition
NAME	MYERS, NADINE		6.2 NAME	Tom Conner	
STREET ADDRESS	405 HOLLY AVE		6.3 STREET ADDRESS	5335 Robert Scott Dr. N.	
CITY-ST-ZIP	JACKSONVILLE FL		6.4 CITY-ST-ZIP	Jacksonville, FL 32207	

14. 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 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Deborah Greene 4-11-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)