

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2001 8:00 am
Secretary of State

0010989

DOCUMENT # N41900

1. Entity Name

CENTRAL CHRISTIAN CHURCH, INC.

03-08-2001 90027 020 ****61.25

Principal Place of Business

25 WEST 9TH ST.
 JACKSONVILLE FL 32206

Mailing Address

25 WEST 9TH ST.
 JACKSONVILLE FL 32206

817181



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0931258

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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 NAME ☒ Delete
 SHEPPARD, PAM
 STREET ADDRESS 4746 N UNIVERSITY BLVD
 CITY-ST-ZIP JACKSONVILLE FL 32257

TITLE NAME ☒ Change ☐ Addition
 Sheree Eddie
 STREET ADDRESS 10755 Grayson St.
 CITY-ST-ZIP Jacksonville, FL 32220

TITLE NAME ☒ Delete
 V
 BRANCH, WAYLENE
 STREET ADDRESS 3961 WAYLAND ST
 CITY-ST-ZIP JACKSONVILLE FL 32277

TITLE NAME ☒ Change ☐ Addition
 Mike Tucker
 STREET ADDRESS 136 W. 10th St
 CITY-ST-ZIP Jacksonville, FL 32206

TITLE NAME ☐ Delete
 T
 GOLCHER, JUNE
 STREET ADDRESS 6575 SAPHIRE DRIVE
 CITY-ST-ZIP JACKSONVILLE FL

TITLE NAME ☐ Change ☐ Addition
 Barbara London
 STREET ADDRESS 10641 La Mancha Ave.
 CITY-ST-ZIP Jacksonville, FL 32257

TITLE NAME ☒ Delete
 S
 TUCKER, AMY
 STREET ADDRESS 136 W 10TH STREET
 CITY-ST-ZIP JACKSONVILLE FL 32206

TITLE NAME ☒ Change ☐ Addition
 Pam Sheppard
 STREET ADDRESS 4746 N. University Blvd.
 CITY-ST-ZIP Jacksonville, FL 32277

TITLE NAME ☒ Delete
 D
 HARRIS, BETTY
 STREET ADDRESS 10641 LA MANCHA AVE
 CITY-ST-ZIP JACKSONVILLE FL 32257

TITLE NAME ☐ Change ☐ Addition
 CONNER, TOM
 STREET ADDRESS 5335 ROBERT SCOTT DR N
 CITY-ST-ZIP JACKSONVILLE FL 32207

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: *Sheree L. Eddie*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/4/01 904-360-5101

CR2E037 (10/00)