# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Mar 06, 2002 8:00 am**
**Secretary of State**
03-06-2002 90036 004 ****61.25

DOCUMENT # N41900

1. Entity Name

CENTRAL CHRISTIAN CHURCH, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 25 WEST 9TH ST.<br>JACKSONVILLE FL 32206 | 25 WEST 9TH ST.<br>JACKSONVILLE FL 32206 |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | | 3. Mailing Address | |
|---|---|---|---|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

4. FEI Number 59-0931258 ☐ Applied For ☐ Not Applicable

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<br>220 E. FORSYTH ST.<br>JACKSONVILLE FL 32202 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 / STREET ADDRESS / CITY-ST-ZIP | P<br>SHEPPARD, PAM<br>10755 GRAYSON ST<br>JACKSONVILLE FL 32220 | ☒ Delete | P<br>Sheree Eddie<br>10755 Grayson St.<br>Jacksonville, FL 32220 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>TUCKER, MIKE<br>136 W 10TH ST<br>JACKSONVILLE FL 32206 | ☒ Delete | V<br>Linda Hinson<br>3842 Marland St.<br>Jacksonville, FL 32209 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>GOLCHER, JUNE<br>6575 SAPPHIRE DRIVE<br>JACKSONVILLE FL | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>LONDON, BARBARA<br>10641 LA MANCHA AVE<br>JACKSONVILLE FL 32257 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>SHEPPARD, PAM<br>4746 N UNIVERSITY BLVD<br>JACKSONVILLE FL 32277 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>CONNER, TOM<br>5335 ROBERT SCOTT DR N<br>JACKSONVILLE FL 32207 | ☐ Delete | | ☐ Change ☐ Addition |

CR2E037 (9/01)

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 Sheree L. Eddie 2/21/02 904-360-5101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR