

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2005 8:00 am
Secretary of State

03-01-2005 90075 049 *****61.25

DOCUMENT # N50075

1. Entity Name

CENTRAL CHRISTIAN CHURCH (DISCIPLES OF CHRIST) OF MOUNT DORA, FLORIDA, INC.



Principal Place of Business

20 NORTH HIGHWAY 19-A
MOUNT DORA FL 32757

Mailing Address

3720 NORTH HIGHWAY 19-A
MOUNT DORA FL 32757

00001001



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1881454

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

CAMPBELL, JOHN W
37024 SLICE LN
GRAND ISLAND FL 32735

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> Delete
NAME	CARR, JOHN W	
STREET ADDRESS	16 HERMOSA DR	
CITY-ST-ZIP	EUSTIS FL 32726	

TITLE	VD	<input type="checkbox"/> Delete
NAME	BOENING, ROLF G	
STREET ADDRESS	300 COUNTRY CLUB BLVD.	
CITY-ST-ZIP	EUSTIS FL 32726	

TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	RUNGE, HILDEGARD G	
STREET ADDRESS	212 LAKESHORE DR.	
CITY-ST-ZIP	LEESBURG FL 34788	

TITLE	FSD	<input type="checkbox"/> Delete
NAME	CAMPBELL, JOHN W	
STREET ADDRESS	37024 SLICE LN	
CITY-ST-ZIP	GRAND ISLAND FL 32735	

TITLE	I	<input type="checkbox"/> Delete
NAME	CAMPBELL, POLLY J	
STREET ADDRESS	37024 SLICE LN	
CITY-ST-ZIP	GRAND ISLAND FL 32735	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brown, Hildegard G	
STREET ADDRESS	616 Sandpiper Dr.	
CITY-ST-ZIP	Leesburg, FL 34788	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *John W Campbell* **John W. Campbell** **2/17/05** **352-357-6244**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #