## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **FILED** Mar 29, 2006 8:00 am Secretary of State

03-29-2006 90121 019 \*\*\*\*61.25

DOCUMENT # N500	ひ/ち	
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1. Entity Name

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



Principal Place of Business

Mailing Address
3720 NORTH HIGHWAY 19-A

MOUNT DOR				MOUNT DORA, FL 32757						<b>4</b> 7111 <b>4 2</b> 111 <b>1</b>		* ***	II AI AI AI AI A	II 6)6I) PIG	**************************************
2. Principal F	Place of Busin	ness	3. Mail	ling Address				{    <b> </b>							
Suite, Apt. #, etc.			Su	Suite, Apt. #, etc.				03202	2006	Chq-NI	P	CR2	E037 (1	11/05)	
City & Stat	e		Cit	y & State				4. FEI	Number	,					plied For
Zip Country			7:-					59	-1881	454			**		t Applicable
Σiμ		Country	214	Zip Country				5. Certificate of Status Desired   \$8.75 Additional Fee Required							
	6. Name	and Address of Currer	nt Registere	d Agent				7. Nan	ne and	Address	of New F	Register	ed Agen	ıt	
CAMPBELL, JOHN W				Name											
37024 SLICE LN GRAND ISLAND, FL 32735							Address (I	P.O. Box	Number	r is Not A	cceptabl	e)			
						City						F	FL │	Zip Cod	е
	named entit	y submits this statement	for the purp	ose of changing its	registere	ed office o	r register	ed agent	, or both	n, in the S	tate of Fl	orida. Ta	am famil	iar with,	and accept
ine congai	uons or regis	ereu ageni.													
SIGNATURE															
	Signature, typeo	or printed name of registered age	ent and title if app	sicable. (NOTE	. Registere	d Agent signat	ture required	I when reinst.	ating)			DA	TE		
Filing Fee is \$61.25 Due by May 1, 2006				9∹ Election Campaign Financi Trust Fund Contribution.			_	\$5.00 May Be Added to Fees Florida Departme							
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 it changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John W. Campbell 3/22/06

352-357-6244 Daytime Phone #