


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2008 8:00 am
Secretary of State

01-16-2008 90021 015 ****61.75

DOCUMENT # N50075 1. Entity Name CENTRAL CHRISTIAN CHURCH (DISCIPLES OF CHRIST) OF MOUNT DORA, FLORIDA, INC.	
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Principal Place of Business 3720 NORTH HIGHWAY 19-A MOUNT DORA, FL 32757	Mailing Address 3720 NORTH HIGHWAY 19-A MOUNT DORA, FL 32757
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01082008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1881454	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CAMPBELL, JOHN W 37024 SLICE LN GRAND ISLAND, FL 32735

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD FOX, JACKIE LEE 1332 NASSAU CIRCLE TAVARES, FL 32778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ABANATHIE, WILLIAM H 5089 INDIAN OCEAN LOOP TAVARES, FL 32778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COLLIER, PATRICIA A 24646 MADEWOOD AVE LEESBURG, FL 34748
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FSD CAMPBELL, JOHN W 37024 SLICE LN GRAND ISLAND, FL 32735
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CAMPBELL, POLLY J 37024 SLICE LN GRAND ISLAND, FL 32735
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John W. Campbell John W. Campbell 1-11-08 352-357-6244
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Handwritten:
02-11-08
61.25-47