

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 24, 1999 8:00 am
Secretary of State

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1. Corporation Name

THE CENTRAL FLORIDA CONFERENCE, INC.

Principal Place of Business

101 EAST UNION STREET.. STE 301
JACKSONVILLE FL 32202

Mailing Address

101 EAST UNION STREET.. STE 301
JACKSONVILLE FL 32202



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		11/12/1993	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		53-0204696	
24 Country		29 Country		5. Certificate of Status Desired	
				81 <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

DESUE, THOMAS B
101 EAST UNION STREET., STE 301
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title (if applicable).

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	Hill, Horace E <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DESUE, THOMAS B	1.2 NAME	248 N. MLK, JR. Blvd.
STREET ADDRESS	101 EAST UNION STREET., STE 301	1.3 STREET ADDRESS	Daytona Beach, FL 32214
CITY-ST-ZIP	JACKSONVILLE FL 32202	1.4 CITY-ST-ZIP	
TITLE	C <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	CUMMINGS, FRANK	2.2 NAME	
STREET ADDRESS	11857 HONEY LOCUST DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32223	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	MILCHELL, ROBERT L	3.2 NAME	
STREET ADDRESS	2323 COURTNEY DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32208	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	GREEN, SAMUEL L	4.2 NAME	
STREET ADDRESS	4087 COVINGTON ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32811	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	SNEED, L W	5.2 NAME	
STREET ADDRESS	2260 SW 80TH AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 32674	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	DANIELS, R D	6.2 NAME	
STREET ADDRESS	2133 PRUITT ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	LEESBURG FL 32749	6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

DESUE, THOMAS B
Signature and typed or printed name of signing officer or director
Date 09/14/99 (909) 3558262

CR2E037 (5/99)