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Feb 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000005631 (6)

1. Corporation Name

~~THE GREATER KING'S WAY BAPTIST CHURCH, INC.~~
Christ First Church of Central Florida, Inc



Principal Place of Business

Mailing Address

5376 SILVER STAR ROAD
~~SUITE 106~~
ORLANDO FL 32808
US

5376 SILVER STAR ROAD
~~SUITE 106~~
ORLANDO FL 32808-4429
US

3. Date Incorporated or Qualified
11/15/1994

3a. Date of Last Report
03/18/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 5376 Silver Star Road

4. FEI Number
59-3249008

Applied For
Not Applicable

22 City & State

27 Orlando, FL

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 Zip

Country

24 32808-4429

25 US

28 32808-4429

30 US

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WASHINGTON, ESTHER L
4942 CENTER LAND
ORLANDO FL 32808

81 Name James C. Monroe
82 Street Address (P.O. Box Number is Not Acceptable)
83 5804 Westbury Drive
84 City Orlando FL 85 Zip Code 32808

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 James C. Monroe
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE 1/14/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GOYNES, FRED	
STREET ADDRESS	25 BELAIR ST.	
CITY-ST-ZIP	EATONVILLE FL 32751	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CHATMAN, MICHAEL B	
STREET ADDRESS	210 S. SOMERSET CT.	
CITY-ST-ZIP	SANFORD FL 32773	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WASHINGTON, WILLIE L	
STREET ADDRESS	4942 CENTER LANE	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RICHARDSON, VINCENT SR.	
STREET ADDRESS	6407 LOST TREE LANE	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DONALD FRANKLIN	
1.3 STREET ADDRESS	1227 MAY BROOK SQ.	
1.4 CITY-ST-ZIP	APOPKA FL 32703	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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.

SIGNATURE: Michael B. Chatman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date (407) 648-6814 x.24
Daytime Phone # 0016668

CR2E037 (9/96)