

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90060 001 ****61.25

DOCUMENT # N94000005631

1. Entity Name

CHRIST FIRST CHURCH OF CENTRAL FLORIDA, INC.

Principal Place of Business

Mailing Address

5376 SILVER STAR ROAD
 ORLANDO FL 32808
 US

5376 SILVER STAR ROAD
 ORLANDO FL 32808-4429
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3249008

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MONROE, JAMES C
5804 WESTBURY DR
ORLANDO FL 32808

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.

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

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **D**
 STREET ADDRESS **CHATMAN, MICHAEL B**
 CITY-ST-ZIP **210 S. SOMERSET CT. SANFORD FL 32773**

TITLE Change Addition
 NAME **D**
 STREET ADDRESS **CHATMAN, Michael B.**
 CITY-ST-ZIP **119 Estates Circle LAKE MARY, FL 32746**

TITLE Delete
 NAME **D**
 STREET ADDRESS **WASHINGTON, WILLIE L**
 CITY-ST-ZIP **4942 CENTER LANE ORLANDO FL 32808**

TITLE Change Addition
 NAME **D**
 STREET ADDRESS **Brady, Willie D.**
 CITY-ST-ZIP **2817 W. CONCORD ST. ORLANDO, FL 32805**

TITLE Delete
 NAME **D**
 STREET ADDRESS **RICHARDSON, VINCENT SR.**
 CITY-ST-ZIP **6407 LOST TREE LANE ORLANDO FL 32818**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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:

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

Date

Daytime Phone #

2/14/2000 **407-648-6814 x24**

CR2E037 (9/99)