SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.

AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 N95000001182 DOCUMENT

1. Corporation Name

CENTRAL CHURCH OF CHRIST OF OKEECHOBEE, INC.

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

28

6302 NW 24TH ST OKEECHOBEE FL 34972 6302 NW 24TH ST OKEECHOBEE FL 34972

FILED Jul 23, 1999 8:00 am Secretary of State

07-23-1999 90009 005 ****61.25

|--|

Date Incorporated or Qualifed

03/13/1995

65-0672489

5. Certificate of Status Desired

FEI Number

Z\P	Country	Zip		Country		6. Election Campaign Fi	nancing	П	\$5.00	May Be		
24	25	29	30			Trust Fund Contribution	on		Added	to Fees		
Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent						
				81	Name					l		
NICHOL/	AS, GORDON C	82	Street Add	ress (P.O. Box Number is No	t Accentable	e)						
6302 NW 24TH ST					Oli BBL AGO	1035 (1 .O. DOX HUMBER IS 110	(noochmin	٠,				
****	IOBEE FL 34972			83				_				
ONEEDI	100EE 1 E 0101 E								Te-1 7:- 4	2-4-		
				84	City			FL	85 Zip (Code		
office or r	to the provisions of Sections 617.0502 registered agent, or both, in the State of the familiar with, and accept the obligation	' Florida. Such change v	vas authorized	i by i	the corporation	poration submits this statement on's board of directors. I here	nt for the purify accept t	rpose of o	hanging its tment as re	registered gistered		
SIGNATURE	Signature, typed or printed name of registered agent a	and title if upplicable	/NOTE: Pagistage	. Agent	eignatura raguica	d when reinstating)		DATE				
12.	OFFICERS AND		13.	- Agoni	t signature require	ADDITIONS/CHANGES	TO OFFIC		DIRECTO	RS IN 12		
TITLE	D	□ DELE1		πE					Change	Addition		
NAME	NICHOLAS, GORDON		1.2 N							_		
STREET ADDRESS	6302 NW 24TH ST			_	ADDRESS					ł		
	OKEECHOBEE FL 34972		•	TY-ST								
CITY-ST-ZIP	D D	DELE1			-2IF		_	<u>.</u>	Change	Addition		
NAME	HART, WILLIAM L		22 N						_ `	_		
STREET ADDRESS	2436 SE 31ST ST				ADDRESS					f		
	OKEECHOBEE FL 34974											
CITY-ST-ZIP	D	∏ DELE1		TY-SI	1-ZP				Change	Addition		
	CAIN, ARTHUR D		3.1 N				-					
NAME STREET ADDRESS	7070 0717E DO 30 11	.ee gaaraana			ADDRESS ~			: -				
	OKEECHOBEE FL 34974	•										
CITY-ST-ZIP	OREECHOBEE PL 34974	☐ DELET		/TY-\$1	1-ZIP				Change	Addition		
			4.711 4.2N						_ 4494			
NAME				-								
STREET ADDRESS					ADORESS					İ		
CITY-ST-ZIP	 `	DELE1		TY-ST	-212				Change	Addition		
NAME			5.2 N		ı							
					ADDRESS							
STREET ADDRESS				TY-ST								
CITY-ST-ZIP		☐ DELET			-41				Change	Addition		
TILE			6.2 N						Onlange			
NAME					ADDRESS							
STREET ADDRESS			1									
CITY-ST-ZIP	certify that the information supplied with	this filing door not avail		TY-ST		Section 110 07/3\/ii\ Elector S	tatutae I fi	ither certi	6 that the i			

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:

Applied For

\$8.75 Additional

Fee Required .

Not Applicable