

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 09, 2004 8:00 am
Secretary of State

08-09-2004 90010 034 ****61.25

DOCUMENT # N95000001182

1. Entity Name

CENTRAL CHURCH OF CHRIST OF OKEECHOBEE, INC.



Principal Place of Business

6302 NW 24TH ST
OKEECHOBEE FL 34972

Mailing Address

6302 NW 24TH ST
OKEECHOBEE FL 34972

2. Principal Place of Business

506 NE 6th Ave, Okeechobee, FL

3. Mailing Address

6302 NW 24th St, Okeechobee, FL

Suite, Apt. #, etc.

Suite, Apt. #, etc.



MOORE

CR2E037 (4/04)

City & State

Okeechobee, FL

City & State

Okeechobee, FL

4. FEI Number

65-0672489

Applied For

Not Applicable

Zip

34972

Country

Okeechobee

Zip

34972

Country

Okeechobee

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NICHOLAS, GORDON C
6302 NW 24TH ST
OKEECHOBEE FL 34972

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. 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

FILE NOW: FEE IS \$61.25
Due By September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	NICHOLAS, GORDON	
STREET ADDRESS	6302 NW 24TH ST	
CITY-ST-ZIP	OKEECHOBEE FL 34972	
TITLE	D	<input type="checkbox"/> Delete
NAME	STILWELL, RAY R	
STREET ADDRESS	4425 S US 441 LOT 71	
CITY-ST-ZIP	OKEECHOBEE FL 34974	
TITLE	D	<input type="checkbox"/> Delete
NAME	CAIN, ARTHUR D	
STREET ADDRESS	7650 STATE RD 78 W	
CITY-ST-ZIP	OKEECHOBEE FL 34974	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Gordon C. Nicholas*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GORDON C. Nicholas 863-763-6534
8/2/04 Date Daytime Phone #