## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
 DIVISION OF CORPORATIONS

## 1998 DIVISION OF COUMENT # N97000004961 (5)

## CENTRAL FLORIDA CHRISTIAN CHURCH, INC.

Principal Place of Business Mailing Address P.O. BOX 952644 P.O. BOX 952644 3. Date Incorporated or Qualified LAKE MARY FL 32795-2644 LAKE MARY FL 32795-2644 09/02/1997 4. FEI Number Applied For Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Suite, Apt #, etc Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 22 27 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? ☐ Yes 🎏 No 28 Zip Country Country This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 24 29 30 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SWIFT, RONALD G Street Address (P.O. Box Number is Not Acceptable) 26 CUNNINGHAM RD. 63 DEBARY FL 32713 84 City Zip Code 85 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 little if applicable (NOTE Registered Agent signature required when reinstating) (10/97) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DIRECTOR TRUSTEE
JIM CLEVENGER DELETE TITLE 1.1 TITLE Change NAME 1.2 NAME CRZE037 410 GELLOMINO CT STREET ADDRESS 1.3 STREET ADDRESS DIRECTOR TRUSTER
BEVAN FRESHURTER CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME 27 MAVERA RD STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Спапре Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DIRECTOR/TRASTEE RONALD G. SWIFT DELETE Addition Change TITLE 4.1 TITLE 4. 2 NAME NAME 26 CUNNINGHAM KD STREET ADDRESS 4.3 STREET ADDRESS DEBARY, FL 32713 4.4 CiTY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 City-ST-ZIP CITY-ST-ZIP

14. Thereby certify that the information supplied with this filling 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 chapter 617, or on an attachment with an address.

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

DELETE

CICNIATURE.

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

al I March

RIMAID & SWIFT

5-4.98 (407) 322-795

Change

Addition

FILED

Jun 25 1998 8:00am

Secretary of State