


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2006 08:00 A
Secretary of State

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| DOCUMENT # N99000002298 |  |
| 1. Entity Name FIRST CHRISTIAN CHURCH OF CENTRAL FLORIDA, INC. | |

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| Principal Place of Business 31 WEST GARDEN AVE. WINTER GARDEN FL 34787 | Mailing Address 301 PORT AUGUSTINE CIRCLE 101 OCOE FL 34761 |
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|--|--|--|--|
| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip | | 3. Mailing Address Suite, Apt. #, etc. City & State Zip | |
| Country | | Country | |

1st MOORE CR2E037 (10/05)

| | | | |
|---|--|---|--|
| 6. Name and Address of Current Registered Agent KENNEDY, BERRY G 301 PORT AUGUSTINE CIRCLE APT. 101 OCOE FL 34761 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
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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 _____ (NOTE: Registered Agent signature required when consulting)
Signature typed or printed name of registered agent and title if applicable DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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 NAME STREET ADDRESS CITY-ST-ZIP | CD KENNEDY, BERRY G 301 PORT AUGUSTINE CIRCLE, APT. 101 OCOE FL 34761 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition U00000477691 04/06/06-80061-010 61.25 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VCD HUTTON, WOODY 207 JAMES STREET WINTER GARDEN FL 34787 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD WEATHERLY, LISA 1749 GLENHAVEN CIRCLE OCOE FL 34761 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: BERRY G. KENNEDY, CHAIRMAN
Berry G. Kennedy