## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## FILED Apr 25, 2007 08:00 All Secretary of State DOCUMENT # N9900002298 1. Entity Name FIRST CHRISTIAN CHURCH OF CENTRAL FLORIDA, INC. Principal Place of Business Mailing Address 31 WEST GARDEN AVE. 301 PORT AUGUSTINE CIRCLE WINTER GARDEN FL 34787 **OCOEE FL 34761** 2. Principal Place of Business - No P.O. Box # Mailing Address Suite, Apt. #, etc. Suito, Apt. #, etc. CR2E037 (10/06) 1st MOORE City & State City & State 4. FEI Number Applied For 59-3569864 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo KENNEDY, BERRY G Street Address (P.O. Box Number is Not Acceptable) 301 PORT AUGUSTINE CIRCLE APT, 101 **OCOEE FL 34761** Zıp Code City 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 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2007 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. THE CD ☐ Delete THE ☐ Addition NAME KENNEDY, BERRY G NAME STREET ADDRESS 301 PORT AUGUSTINE CIRCLE, APT. 101 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **OCOEE FL 34761** U00000730368 05/08/07-80077-U25 thangeど5 □ Addition TITLE ☐ Delete NAME. HUTTON, WOODY NAME STREET ADDRESS STREET ADDRESS 207 JAMES STREET CITY-ST-ZIP CITY-ST-ZIP WINTER GARDEN FL 34787 ME ☐ Delete TITLE ☐ Change Addition NAME NAME WEATHERLY, LISA STREET ADDRESS STREET ADDRESS 1749 GLENHAVEN CIRCLE CITY-ST-ZIP CITY-SI-ZIP OCOEE FL 34761 THUE DHE ☐ Delete Change Addition NAME NAM STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete MIL THE ☐ Change Addition NAME NAME STREET ADDRESS STREE I ADDRESS CITY-ST-71P CITY-ST-ZIP THIE Defete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 eath; 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. KENWEDY Benn Skennely

4/23/07 407-993-4/19