

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR 15 AM 10:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 741235 (6)

1. Corporation Name

COMMUNITY CONGREGATIONAL CHRISTIAN CHURCH, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/28/1977
3a. Date of Last Report 03/24/1994
4. FEI Number 59-1795637
Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21. Suite, Apt. #, etc.
22. City & State
23. Zip 34433
24. Country
25. Mailing Address
26. Suite, Apt. #, etc.
27. City & State
28. Zip 34433
29. Country
30.

9. Name and Address of Current Registered Agent

SCOTT, STEVEN M.
2510 W DOLPHIN ST.
CITRUS SPRINGS FL 34434

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Steven M. Scott

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE C
NAME HORNING, VIRGINIA
STREET ADDRESS 7645 N FIRWOOD CIR
CITY-ST-ZIP CITRUS SPRINGS FL
TITLE VC
NAME LUNDY, ROBERT
STREET ADDRESS 10269 N DELTONA BLVD.
CITY-ST-ZIP CITRUS SPRGS, FL 00000
TITLE SD
NAME DAWKINS, HELEN
STREET ADDRESS 7788 N. SARAZAN DR.
CITY-ST-ZIP CITRUS SPRINGS FL
TITLE TD
NAME THOMAS, ALEX
STREET ADDRESS 3393 W FAIRWAY LOOP
CITY-ST-ZIP CITRUS SPRINGS FL
TITLE D
NAME SCOTT, STEVEN M
STREET ADDRESS 2510 W DOLPHIN DR
CITY-ST-ZIP CITRUS SPRINGS FL
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CHAIRMAN ☒ Change ☐ Addition
1.2 NAME HOWARD KOSMA
1.3 STREET ADDRESS 238 QUEENCUP CT.
1.4 CITY-ST-ZIP BEVERLY HILLS, FL 34465
2.1 TITLE VICE CHAIRMAN ☒ Change ☐ Addition
2.2 NAME RICHARD STEBBINS
2.3 STREET ADDRESS 8705 W 197TH CT, RD
2.4 CITY-ST-ZIP RAINBOW SPRINGS, FL 34432
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE D. ☒ Change ☐ Addition
5.2 NAME MARY HEFFERNAN
5.3 STREET ADDRESS 2799 W. SANTANA DR
5.4 CITY-ST-ZIP CITRUS SPRINGS, FL 34434
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Helen Dawkins
HELEN DAWKINS

2-14-95

Date

Daytime Phone #

0004781