

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 741235 (6)  
1. Corporation Name  
COMMUNITY CONGREGATIONAL CHRISTIAN CHURCH, INC.



Principal Place of Business Mailing Address  
INC. INC.  
9220 N CITRUS SPRINGS BLVD. 9220 N CITRUS SPRINGS BLVD.  
CITRUS SPRINGS FL 34433 CITRUS SPRINGS FL 34433  
US US

|                                                                                                                                                  |                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 3. Date Incorporated or Qualified<br>12/28/1977                                                                                                  | 3a. Date of Last Report<br>03/15/1995 |
| 4. FEI Number<br>59-1795637                                                                                                                      | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                        | \$8.75 Additional Fee Required        |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>                                                               | \$5.00 May Be Added to Fees           |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |                                       |

|                                                                                                     |                                                                                          |
|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country |
|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|

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

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |                                               | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                              |
|----------------------------|-----------------------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE                      | C <input type="checkbox"/> DELETE             | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | KOSMA, HOWARD                                 | 1.2 NAME                                              |                                                                              |
| STREET ADDRESS             | 238 QUEENCUP CT                               | 1.3 STREET ADDRESS                                    |                                                                              |
| CITY-ST-ZIP                | BEVERLY HILLS FL                              | 1.4 CITY-ST-ZIP                                       |                                                                              |
| TITLE                      | VC <input type="checkbox"/> DELETE            | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | STEBBINS, RICHARD                             | 2.2 NAME                                              |                                                                              |
| STREET ADDRESS             | 8705 SW 197TH CT. RD                          | 2.3 STREET ADDRESS                                    |                                                                              |
| CITY-ST-ZIP                | RAINBOW SPRINGS FL                            | 2.4 CITY-ST-ZIP                                       |                                                                              |
| TITLE                      | SD <input checked="" type="checkbox"/> DELETE | 3.1 TITLE                                             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | DAWKINS, HELEN                                | 3.2 NAME                                              | SD SUE LAPORTE                                                               |
| STREET ADDRESS             | 7768 N. SARAZAN DR.                           | 3.3 STREET ADDRESS                                    | 2209 W. DOLPHIN DRIVE                                                        |
| CITY-ST-ZIP                | CITRUS SPRINGS FL                             | 3.4 CITY-ST-ZIP                                       | CITRUS SPRINGS, FL 34434                                                     |
| TITLE                      | TD <input type="checkbox"/> DELETE            | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | THOMAS, ALEX                                  | 4.2 NAME                                              |                                                                              |
| STREET ADDRESS             | 3393 W FAIRWAY LOOP                           | 4.3 STREET ADDRESS                                    |                                                                              |
| CITY-ST-ZIP                | CITRUS SPRINGS FL                             | 4.4 CITY-ST-ZIP                                       |                                                                              |
| TITLE                      | D <input type="checkbox"/> DELETE             | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | HEFFERNAN, MARY                               | 5.2 NAME                                              |                                                                              |
| STREET ADDRESS             | 2799 W. SANTANA DR                            | 5.3 STREET ADDRESS                                    |                                                                              |
| CITY-ST-ZIP                | CITRUS SPRINGS FL                             | 5.4 CITY-ST-ZIP                                       |                                                                              |
| TITLE                      | <input type="checkbox"/> DELETE               | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                               | 6.2 NAME                                              |                                                                              |
| STREET ADDRESS             |                                               | 6.3 STREET ADDRESS                                    |                                                                              |
| CITY-ST-ZIP                |                                               | 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 119.07(3)(k), 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

Date

Daytime Phone #

STEVEN M SCOTT

CR2E037 (12/95)