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Feb 28 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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.  
9220 N CITRUS SPRINGS BLVD.  
CITRUS SPRINGS FL 34433  
USINC.  
9220 N CITRUS SPRINGS BLVD.  
CITRUS SPRINGS FL 34433-4331  
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 ☐ DELETENAME KOSMA, HOWARD  
STREET ADDRESS 238 QUEENCUP CT  
CITY-ST-ZIP BEVERLY HILLS FL1.1 TITLE ☐ Change ☐ Addition

NAME KOSMA, HOWARD

STREET ADDRESS 238 QUEENCUP CT

CITY-ST-ZIP BEVERLY HILLS FL

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

TITLE VC ☐ DELETENAME STEBBINS, RICHARD  
STREET ADDRESS 8705 SW 197TH CT. RD  
CITY-ST-ZIP RAINBOW SPRINGS FL2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE SD ☐ DELETENAME LAPORTE, SUE  
STREET ADDRESS 2209 W. DOLPHIN DRIVE  
CITY-ST-ZIP CITRUS SPRINGS FL 344343.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE TD ☐ DELETENAME THOMAS, ALEX  
STREET ADDRESS 3393 W FAIRWAY LOOP  
CITY-ST-ZIP CITRUS SPRINGS FL4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE D ☒ DELETENAME HEFFERNAN, MARY  
STREET ADDRESS 2799 W. SANTANA DR  
CITY-ST-ZIP CITRUS SPRINGS FL5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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 changed, or on an attachment with an address.

SIGNATURE:

CR2E037 (9/96)