## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

741235

(6)

## COMMUNITY CONGREGATIONAL CHRISTIAN CHURCH, INC.

## FILED Jan 28 1998 8:00am Secretary of State

CONTRIBUTION	E Offinio HAN Officially 1110.							
Principal Place of Business Mailing Address				- I (BESTE (MAN MINNE TIMEN TENNO START WILL BYOK MINN MINN MINN MINN MINN MINN MINN MIN				
inc. 9220 n Citrus Springs BLVD. Citrus Springs FL 34433 US	INC. 9220 N CITRUS SPRINGS BLVD. CITRUS SPRINGS FL 34433 US		3. Date Incorporated or Qualified  12/28/1977  4. FEI Number  Applied For					
2. Principal Place of Business	2a. Mailing Address			59-1795637  5. Certificate of Status Desired □		Not Applicable 75 Additional Required		
Suite, Apt. #, etc.	Suite, Apt. #, etc.			6. Election Campaign Financing Trust Fund Contribution		00 May Be ded to Fees		
City & State	City & State	City & State		7. Is this nonprofit corporation a homeowners association?				
Zip Country 25	Zip Co	ountry		Toronia Troporty Tax east tax of	Yes	ar Intangible		
9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Registered	Agent			
		81	Name					
SCOTT, STEVEN M. 2510 W DOLPHIN ST.		82	Street Addr	t Address (P.O. Box Number is Not Acceptable)				
CITRUS SPRINGS FL 34434		83						
		84	City	FL	85	Zip Code		
<ol> <li>Pursuant to the provisions of Sections 617.0 office or registered agent, or both, in the Sta agent. I am familiar with, and accept the obl</li> </ol>	502 and 617.1508, Florida Statutes, the ate of Florida. Such change was authoriz ligations of, Section 617.0503, Florida St	above ed by atutes	e-named corp the corporat s.	oration submits this statement for the purpose o ion's board of directors. I hereby accept the app	chang ointme	ling its registered nt as registered		
CICMATURE								

SIGNATURE						
	Signature, typed or printed name of registered agent and t		Rogistered Agent signature r		DATE	201120
12.	OFFICERS AND DIR		13.	ADDITIONS/CHANGES TO OFFIC		
TITLE	Č	<b>≥</b> DELETE	1.1 TITLE		Change	X Addition
NAME	KOSMA, HOWARD		1.2 NAME	TOM SULLIVAN		-
STREET ADDRESS	238 QUEENCUP CT		1.3 STREET ADDRESS	2430 JONQUIL DRIVE	_	
CITY-ST-ZIP	BEVERLY HILLS FL		1.4 CITY-ST-ZIP	CITRUS SPRINGS, FL 3443		F-1
TITLE	VC	DELETE	2.1 TITLE		L Change	Addition
NAME	STEBBINS, RICHARD		2.2 NAME			
STREET ADORESS	8705 SW 197TH CT. RD		2.3 STREET ADDRESS			
CITY - ST - ZIP	RAINBOW SPRINGS FL		2. 4 CITY-ST-ZIP			I la cons
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change	Addition
NAME	LAPORTE, SUE		3.2 NAME			
STREET ADDRESS	2209 W. DOLPHIN DRIVE		3.3 STREET ADDRESS			
CITY - ST - ZIP	CITRUS SPRINGS FL 34434		3.4. CITY-ST-ZIP			
TITLE	TD	<b>≥</b> DELETE	4.1 TITLE	TD	L Change	Addition 🔀
NAME	THOMAS, ALEX		4. 2 NAME	BARBARA SCOTT		
STREET ADDRESS	3393 W FAIRWAY LOOP		4.3 STREET ADDRESS	2510 WEST DOLPHIN DRIVE		
CITY-ST-ZIP	CITRUS SPRINGS FL		4.4 CITY-ST-ZIP	CITRUS SPRINGS, FL 34434		
TITLE	D	□ DELETE	5.1 TITLE		L Change	Addition
NAME	CANTWELL LAWRENCE		5.2 NAME			
STREET ADDRESS	10791 N. DRAGONIS DR.		5.3 STREET ADDRESS			
CITY-ST-ZIP	CITRUS SPRINGS FL		5.4 CITY-ST-ZIP			A
TITLE		DELETE	6.1 TITLE		☐ Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
			CACITY OT 710			

14. I 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: June 18/1/2

SWILL YSE BEQUIRE

1-12-98

352-439.3068

CHZE037 (10/97)