2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachme

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Jan 27, 2000 8:00 am Secretary of State **DOCUMENT # 741235** 1. Entity Name COMMUNITY CONGREGATIONAL CHRISTIAN CHURCH, INC. 01-27-2000 90078 018 ****61.25 Principal Place of Business Mailing Address 9220 N CITRUS SPRINGS BLVD. 9220 N CITRUS SPRINGS BLVD. CITRUS SPRINGS FL 34433-4331 CITRUS SPRINGS FL 34433 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1795637 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SCOTT, STEVEN M. 2510 W DOLPHIN ST. CITRUS SPRINGS FL 34434 City Zip Code 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. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Addition TITLE ☐ Delete TITLE Change NAME SULLIVAN, TOM NAME STREET ADDRESS STREET ADDRESS 2430 JONQUIL DR CITY-ST-ZIP CiTY-ST-ZIP CITRUS SPRINGS FL 34434 VC Change ☐ Addition Delete TITLE STEBBINS; RICHARD Beck, Dona<u>l</u>d NAME NAME 9193 SW 193rd Cir STREET ADDRESS STREET ADDRESS 8705 SW 197TH CT. RD CITY-ST-ZIP CITY-ST-ZIP RAINBOW SPRINGS FL Dunnellon, Fl 34432 Change ☐ Addition SD Delete SD TITLE TITLE Laporte, sue NAME NAME Cox, Sammie STREET ADDRESS STREET ADDRESS 2209 W. DOLPHIN DRIVE 2372 W. Snowy Egret Pl Citrus Springs, Fl 344 CITY-ST-ZIP CITY-ST-ZIP CITRUS SPRINGS FL 34434 ☐ Delete TITLE Change ■ Addition TITLE TD SCOTT, BARBARA NAME STREET ADDRESS 2510 WEST DOLPHIN DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITRUS SPRINGS FL 34434 TITI F Delete TITLE Change Addition CANTWELL LAWRENCE Cadorette, Frederick NAME 21684 SW 87th Loop STREET ADDRESS 10791 N. DRAGONIS DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Dunnellon, Fl 3443] citrus springs fl Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12 12. 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 report or supplemental 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 10 or Block 11 if

Barbara L. Scott)

FILED