

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 741235

1. Entity Name

COMMUNITY CONGREGATIONAL CHRISTIAN CHURCH, INC.

Principal Place of Business

Mailing Address

9220 N CITRUS SPRINGS BLVD.
CITRUS SPRINGS FL 34433
US

9220 N CITRUS SPRINGS BLVD.
CITRUS SPRINGS FL 34433
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1795637

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

STEVE SCOTT

Feb 13, 2001

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C SULLIVAN, TOM 2430 JONQUIL DR CITRUS SPRINGS FL 34434	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC BECK, DONALD 9193 SW 193RD CIR DUNNELLON FL 34432	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COX, SAMMIE 2372 W SNOWY EGRET PL DUNNELLON FL 34434	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCOTT, BARBARA 2510 WEST DOLPHIN DR CITRUS SPRINGS FL 34434	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CADORETTE, FEDERICK 21684 SW 87TH LOOP DUNNELLON FL 34431	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C COX, KENNETH 2372 W SNOWY EGRET PL DUNNELLON FL 34434	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC SCOTT, BARBARA 2510 W DOLPHIN DR CITRUS SPRINGS FL 34434	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BOWERS, ROBERT 762 W COUNTRY CLUB BLVD DUNNELLON FL 34434	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHALEY HOWARD 1926 W ALBURY PL CITRUS SPRINGS FL 34434	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert G. Bowers ROBERT G. BOWERS, TD Feb 13, 2001 352-489-9895

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 16, 2001 8:00 am
Secretary of State

02-16-2001 90013 007 ****61.47



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)