2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State
03-07-2002 90231 002 ****61.25

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

DO NOT WRITE IN THIS SPACE

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) 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 COX, KENNETH 2372 W SNOWY EGRET PL. DUNNELLON FL 34434	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VC SCOTT, BARBARA 2510 W DOLPHINE DR. CITRUS SPRINGS FL 34434	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VC DEWAIN FARRIS 2272 W. HAMLET PL CITRUS SPRINGS, FL 34433 ☐ Change ☑ Addition
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	SD FAY ZIECH 2465 W. ERIC DR CITRUS SPRINGS, FL. 34434 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BOWERS, ROBERT 762 W COUNTRY CLUB BLVD. DUNNELLON FL 34434	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BARBARA SCOTT 2510 W. DOLPHIN DR CITRUS SPRINGS, FL34434 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WHALEY, HOWARD 1926 W ALBURY PL. CITRUS SPRINGS FL 34434	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/01)

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: SIGNATURE REQUIRED 2/19/02 352.489.9651
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #