# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

04-27-2005 90308 001 ****61.21
741235

DOCUMENT # 741235

1. Entity Name
COMMUNITY CONGREGATIONAL CHRISTIAN CHURCH, INC.

FILED
05 MAY 10 AM 9:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02062005 Chg-NP CR2E037 (10/03)

| Principal Place of Business | Mailing Address |
|---|---|
| 9220 N CITRUS SPRINGS BLVD.<br>CITRUS SPRINGS, FL 34433 US | 9220 N CITRUS SPRINGS BLVD.<br>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**

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

**7. Name and Address of New Registered Agent**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is $61.25**
**Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>BROWNE, WILLIAM H<br>4615 W. CUSTER DR<br>BEVERLY HILLS, FL 34465 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>BROTHERTON, CRAIG R<br>7854 N. GOLFVIEW DR<br>DUNNELLON, FL 34434 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>SCOTT, STEVEN M<br>2510 W. DOLPHIN DR.<br>CITRUS SPRINGS, FL 34434 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>SCOTT, BARBARA<br>2510 W DOLPHIN DR<br>CITRUS SPRINGS, FL 34434 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>Ms. Barbara Schmidt<br>9905 N. Citrus Springs Blvd.<br>Citrus Springs, FL 34434 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>GEORGE, DAVID L<br>10140 BISCAYNE DR<br>CITRUS SPRINGS, FL 34434 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>WHALEY, HOWARD M<br>1926 W. ALBURY PL<br>DUNNELLON, FL 34434 | ☐ Delete | 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:** Barbara K Schmidt April 24, 2005 352/465-4505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #