

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 04, 2009
Secretary of State**

DOCUMENT# N08000003815

Entity Name: CHRIST COMMUNITY CHURCH OF LAKE CITY, FLORIDA INC.

Current Principal Place of Business:

2097 SW STATE ROAD 247
LAKE CITY, FL 32024

New Principal Place of Business:

Current Mailing Address:

2097 SW STATE ROAD 247
LAKE CITY, FL 32024

New Mailing Address:

FEI Number: 41-2273593 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHIVER, TERRY D
2097 SW STATE ROAD 247
LAKE CITY, FL 32024 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SHIVER, TERRY D
Address: 2097 SW STATE ROAD 247
City-St-Zip: LAKE CITY, FL 32024

Title: TS () Delete
Name: BISHOP, EARL
Address: 20849 25TH ROAD
City-St-Zip: LAKE CITY, FL 32024

Title: D () Delete
Name: HIGGINS, JEFFREY D
Address: 22268 COUNTY ROAD 49
City-St-Zip: O'BRIEN, FL 32071

Title: D (X) Delete
Name: WEAVER, RICHARD
Address: 840 NE 827 STREET
City-St-Zip: OLD TOWN, FL 32680

Title: D () Delete
Name: SHELBO, MARTIN
Address: 1451 SW COUNTY ROAD 242
City-St-Zip: LAKE CITY, FL 32024

Title: D () Delete
Name: MARKHAM, THOMAS
Address: 4406 SE COUNTY ROAD 252
City-St-Zip: LAKE CITY, FL 32025

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TERRY SHIVER

Electronic Signature of Signing Officer or Director

PRES

04/04/2009

Date