


**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90295 044 ****61.25

DOCUMENT # 70086 1. Entity Name THE COMMUNITY CHURCH INC. P. O. Box 424 Lanark Village, FL 32323	
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DO NOT WRITE IN THIS SPACE

40068207

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address P. O. Box 424 Suite, Apt. #, etc.
City & State LANARK VILLAGE,	City & State FLORIDA
Zip 32323	Country FRANKLIN

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number 59 -2752009		Applied For Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
	Name Janet Dorrier Street Address (P.O. Box Number is Not Acceptable) 31-4-5 Parker Avenue City LANARK VILLAGE, FL Zip Code 32323		

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 *Janet M. Dorrier* **JANET DORRIER** **4-23-2005**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

FEE IS \$61.25 Initial or Amended UBR	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD Janet Dorrier 31-4-5 Parker Avenue Lanark Village, FL 32323	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD Inez Bowen 111 California St. Lanark Village, FL 32323	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Mary Britz 142 Carolina St. Carrabelle, FL. 32322	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Mary Jane Kitamura 2204 Oak Street Carrabelle, FL. 32322	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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

SIGNATURE: *Mary Jane Kitamura* **Mary Jane Kitamura Treasurer** **4-23-2005**
(850-697-2664)

CR2E037B (12/02)