2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

May 04, 2006 8:00 am Secretary of State **DOCUMENT # 700086** 1. Entity Name 05-04-2006 90221 027 ****61.25 THE COMMUNITY CHURCH INC Principal Place of Business Mailing Address P.O. BOX 424 LANARK VILLAGE FL 32323 P.O. BOX 424 LANARK VILLAGE FL 32323 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 59-2752009 LANARK VILLAGE, FL Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 32323 FRANKLIN Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DORRIER, JANET Street Address (P.O. Box Number is Not Acceptable) 31-4-5 PÁRKER AVE LANARK VILLAGE FL 32323 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. 4-28.-2006 JANET DORRIER SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. CD TITLE ☐ Delete TITLE ☐ Change ☐ Addition DORRIER, JANET NAME NAME 31-4-5 PARKER AVE STREET ADDRESS STREET ADDRESS LANARK VILLAGE FL 32323 CITY-SI-ZIP CITY-ST-ZIP CD TITLE **→** Delete TITLE ☐ Change Addition VC BOWEN, INEZ NAME NAME BOWEN, INEZ 31-4-5 PARKER AVE STREET ADDRESS STREET ADDRESS wrong:address 111 CALIFORNIA ST. CITY-ST-ZIP LANARK VILLAGE FL 32323 CITY-ST-ZIP LANARK VILLAGE, FL 32323 Change TITLE TITLE Delete ☐ Addition NAME BRITZ, MARY NAME STREET ADDRESS 142 CAROLINA STREET STREET ADDRESS CITY-ST-7IP LANARK VILLAGE FL 32323 CITY-ST-2IP TITLE ☐ Delete TITLE Change ☐ Addition KITAMURA, MARY JANE NAME NAME 2204 OAK STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CARRABELLE FL 32322 CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

MARY JANE KITAMURA 4/28 /2006

FILED