


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2008 08:00 AM
Secretary of State

DOCUMENT # 705931	
1. Entity Name COMMON GROUND CHRISTIAN CHURCH CORPORATION	

Principal Place of Business 4207 NORTH BOULEVARD ATTN: MARY LOU HARDEN, SECRETARY TAMPA, FL 33603	Mailing Address 4207 NORTH BOULEVARD TAMPA, FL 33603
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01072008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-6046575	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent MARY LOU HARDEN 902 W. OLD HILLSBOROUGH AVE SEFFNER, FL 33584

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2008**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HARDEN, MARY LOU MS. 902 W. OLD HILLSBOROUGH AVE. SEFFNER, FL 33584
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHÄFFNER, DANNY MR 4207 NORTH BOULEVARD TAMPA, FL 33603
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEISENBACH, JOHN MR 4100 SOUTH MANHATTAN AVE TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/22/08-80025-008 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** 1/15/08 **Daytime Phone #** _____