2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706544

FILED Apr 24, 2005 Secretary of State

Entity Name: "CHRIST COMMUNITY CHURCH OF THE CHRISTIAN AND MISSIONARY ALLIANCE, INC."

Current Principal Place of Business: New Principal Place of Business: 4050 COLONIAL BLVD S.E. FORT MYERS, FL 33912 US **Current Mailing Address: New Mailing Address:** 4050 COLONIAL BLVD S.E. FORT MYERS, FL 33912 US FEI Number: 59-6514378 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LANE, DAVID REV. 4050 COLONIAL BLVD. US FORT MYERS, FL 33912 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition LANE, DAVID REV. Name: Name: 4050 COLONIAL BLVD. Address: Address: City-St-Zip: FORT MYERS, FL 33912 City-St-Zip: Title: SD () Delete Title: () Change () Addition BOWMAN, CRAIG Name: Name: Address: 5847 WILD FIG LANE Address: City-St-Zip: FORT MYERS, FL 33919 City-St-Zip: Title: TD () Delete Title: () Change () Addition MASON, RICK Name: Name: Address: 899 IRIS DRIVE Address: City-St-Zip: NORTH FORT MYERS, FL 33903 City-St-Zip: Title: () Delete Title: () Change () Addition Name: DOMKE, KEN Name: Address: 2102 DORA STREET Address: City-St-Zip: FORT MYERS, FL 33901 City-St-Zip: Title: () Delete Title: () Change () Addition PAGE, DOUG Name: Name: 279 DUNCAN LANE Address: Address: City-St-Zip: NORTH FORT MYERS, FL 33903 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: RICK MASON TD 04/24/2005