2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706544

FILED Apr 05, 2006 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:	
	NIAL BLVD S.E		4050 COLONIAL BLVD	
FORT MYE	RS, FL 33912	US	FORT MYERS, FL 33912	US
Current Mailing Address:			New Mailing Address:	
4050 COLC	NIAL BLVD S.E		4050 COLONIAL BLVD	
	RS, FL 33912	US	FORT MYERS, FL 33912	US
FEI Number:	59-6514378	FEI Number Applied For () FEI Nu	mber Not Applicable ()	ertificate of Status Desired ()
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:				
LANE, DAV			LANE, DAVID REV.	
	NIAL BLVD. RS, FL 33912	US	4050 COLONIAL BLVD FORT MYERS, FL 33912	US
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:				04/05/2006
Electronic Signature of Registered Agent Date				Date
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address:	P () De LANE, DAVID REV 4050 COLONIAL E	V. BLVD.	Name: Address:	nange ()Addition
City-St-Zip:	FORT MYERS, FL	. 33912	City-St-Zip:	
Title: Name:	SD () De BOWMAN, CRAIG		Title: () Cl Name:	nange ()Addition
Address:	5847 WILD FIG LA		Address:	
City-St-Zip:	FORT MYERS, FL	. 33919	City-St-Zip:	
Title:	TD () De	elete	Title: () Cl	nange () Addition
Name:	MASON, RICK		Name:	
Address: City-St-Zip:	899 IRIS DRIVE NORTH FORT MY	FRS FL 33903	Address: City-St-Zip:	
- '			•	
Title: Name:	D () De	elete	Title: () Cl Name:	nange () Addition
Address:	DOMKE, KEN 2102 DORA STRE	FT	Address:	
	FORT MYERS, FL		City-St-Zip:	
Title:	D () De	elete	Title: () Cl	nange()Addition
Name:	PAGE, DOUG		Name:	
Address:	279 DUNCAN LAN		Address:	
City-St-Zip:	NORTH FORT MY	ERS, 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 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: REV. DAVID LANE P 04/05/2006