## 2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## FILED Apr 09, 2007 8:00 am Secretary of State

						_		-			
	DOCUMENT # 706544  1. Entity Name "CHRIST COMMUNITY CHURCH OF THE CHRISTIAN AND MISSIONARY ALLIANCE, INC."						4-09-2007 9	0060 0	36 ****61	.25	
4050 COLONIAL BLVD 405			Mailing Address 4050 COLONIAL BLVD FORT MYERS, FL 33912	050 COLONIAL BLVD		400	53389				
Principal Place of Business - No P.O. Box #     3. Ma			3. Mailing Address	Mailing Address							
	Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		03212007 <sub>C</sub>	hg-NP	CR2E0	37 (12/06)		
City & State		City & State	City & State		4. FEI Number 59-651437	78			plied For		
Zip 339/6/2 Country 2			Zip 339/No	Country Country		5. Certificate of S	<del></del>		\$8.75 Add		
Name and Address of Correct Paristered			Contestand Agent	1 Agent			7. Name and Address of New Registered Agent				
6. Name and Address of Current Registered Agent				Name	<u></u>						
LANE, DAVID REV. 4050 COLONIAL BLVD						(P.O. Box Number is Not Acceptable)					
FORT MYERS, FL 33912								<u> </u>			
				City				– FI	Zip Code	329/1	
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, ar									and account		
the obligations of registered agent.										шко иссери	
ļ	SIGNATURE Dand Lam								21-07		
l		Signature, typed or printed name of registered agent and tritle if applicable. (NOTE Registered Agent signature required				when reinstating)		DATE			
Ì		Filing Fee is \$61.25 9. Election Campa			1	\$5.00 May Be Make check payable to					
Due by May 1, 2007			Trust Fund Contribution.		\$5.00 May Be Added to Fees , Florida Department of State						
ł	10.	OFFICERS AND DIR	ECTORS	11.		ADDITIONS/CHANG	ES TO OFFICE	DS AND D	IDECTORS IN	10	
l	TITLE	P	Defets	TITLE	<del>-                                    </del>	ADDITIONO/OF PARO	ES TO OFFICE	10 20 0	Change	Addition	
i	NAME	LANE, DAVID REV.		NAME	i				> Called a		
I	STREET ADDRESS	4050 COLONIAL BLVD.		STREET ADDRESS	s			. 1	2221	,	
	CITY-ST-ZIP	FORT MYERS, FL 33912		CITY-ST-ZIP	]		_(	zip)	33966	0	
ĺ	TITLE	SD	☐ Delete	TITLE	D .				Change	☐ Addition	
1	NAME	BOWMAN, CRAIG		NAME	Paul	Page,					
Ì	STREET ADDRESS	5847 WILD FIG LANE		STREET ADDRESS	s 1130	8 Oakmon	tet				
ļ	CITY-ST-ZIP	FORT MYERS, FL 33919		CITY-ST-ZIP	Fort	t Myers, Fi	<u> 33908</u>				
1	TITLE	TD	☐ Delete	TITLE NAME		·			Change	Addition	
	NAME STREET ADDRESS	MASON, RICK 899 IRIS DRIVE		STREET ADDRESS	,						
ı	CITY-ST-ZIP	NORTH FORT MYERS, FL 3390:	3	CITY-ST-ZIP							
١	TITLE	D	Delete	TITLE	D.	2 2		<del>-</del>	Change	Addition	
1	NAME	DOMKE, KEN		NAME	Bar	t De Kosso	_ ,		<b>/</b> •	<del></del>	
j	STREET ADDRESS	2102 DORA STREET		STREET ADDRESS	s   9811	Capstan					
ļ	CITY-ST-ZIP	FORT MYERS, FL 33901		CITY-ST-ZIP	For	t De Rosso   Capstand   Myers, F	<u> </u>				
l	TITLE	D	☐ Delete	TITLE		•			Change	Addition	
١	NAME	PAGE, DOUG		NAMÉ							
1	STREET ADDRESS City-St-Zip	279 DUNCAN LANE NORTH FORT MYERS, FL 3390:	4	STREET ADDRESS CITY-ST-ZIP	١-						
	VIII VI MI	17011111   Q111   M11   L110, 1 L   3330.	•	- OIL OIL DI							

NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 1.19, 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 cath; 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 changes.

TITLE

☐ Delete

CRATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-21-07

Daytme Phone #

☐ Change

Addition