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

## FILED Apr 25, 2008 8:00 am Secretary of State 04-25-2008 90148 047 \*\*\*\*61.25

Daytime Phone #

DOCUMENT # 706544  1. Enity Name "CHRIST COMMUNITY CHURCH OF THE CHRISTIAN AND MISSIONARY ALLIANCE, INC."								4-23-2008	90148 04	+/ ************	.25
Principal Place of Business 4050 COLONIAL BLVD FT. MEYERS, FL 33966 US			4050	Mailing Address 4050 COLONIAL BLVD FT. MEYERS, FL 33966 US			 	I Quai Taki Buri ak	11 01211 21 <b>6</b> 11 013	11 8:811 <b>6:8</b> 11 818	
2. Principal Place of Business • No P.O. Box # 3.				ing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			<del></del>	04142008 C	hg-NP	CR2E03	37 (12/06)	
City & State			City & State			<del></del>	4. FEI Number 59-651437	78		_ <del> </del>	plied For t Applicable
Zip	Country		Zip —	Zip C		5. Certificat		tatus Desired		\$8.75 Add Fee Require	
	6. Name	and Address of Current	Registere	d Agent			7. Name and Add	dress of New I	Registered /	Agent	
LANE, DAVID REV.						Name					
4050 COLONIAL BLVD FT. MEYERS, FL 33966					Street	Street Address (P.O. Box Number is Not Acceptable)					
									FL	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.  SIGNATURE  Signature. Typed or prelief name of registered agent and like if applicable. (INCITE: Registered Agent signature registed when renstang)  OATE											
Filing Fee is \$61.25 Due by May 1, 2008				9. Election Camp Trust Fund Co			\$5.00 May Be Added to Fees			payable to	
10.		OFFICERS AND DI	RECTORS		11.		ADDITIONS/CHANG	ES TO OFFICE	RS AND DI	RECTORS IN	10
TITLE	P			☐ Delete	TITLE					Change	Addition
NAME. STREET ADDRESS CITY-ST-729	LANE, DAVID REV. 4050 COLONIAL BLVD. FORT MEYERS, FL 33966				NAME STREET ADDRESS CITY-ST-ZIP					,	[
TITLE	D			☐ Delete	TILE	5 D		<u> </u>		Change	☐ Addition
NAME	PAGE, PAUL				NAME	)					,
STREET ADDRESS  CITY-ST-ZIP	11208 OAKMONT CT FORT MYERS, FL 33908			C    S1							
initi —					78.76.7	TD		<del></del> -	•	☐ Change	Addition
NAME STREET ADDRESS					NAME	ROE	DDING DON	iv pi			
CITY-ST-ZIP	NORTH FORT MYERS, FL 33903				STREET ADORESS CITY-ST-ZIP	F041	DDING DON I MAHOGAN I MYERS	/ NUNU E/ 3.30	)/2		
TITLE	D			☐ Delete	tirut.	IONI	19213	r L 33 /	7.5	☐ Change	Addition
NAME	DEROSSO	•			NAME.	_	_	~ -			
street address City-St-Zip	9811 CAP	STAN CT ERS, FL 33919			STREET ADDRESS CITY-ST-ZIP						
TITLE	D	ERS, FE 33919		□ Oelete	THE	+				☐ Change	☐ Addition
NAME	PAGE, DO	NG		L_1 Officie	NAME						☐ Addition
STREET ADDRESS CHY-ST-ZIP	279 DUNC	AN LANE ORT MYERS, FL 3390	13		STREET ADDRESS CITY-ST-ZIP						
ITTLE	D	.,		☐ Delete	TITLE		<del></del>			☐ Change	Addition
NAME	BELL, WA				NAME						1
STREET ADDRESS CITY-ST-ZIP	FORT MY	FON CT ERS, FL 33907			STHEET ADDRESS CITY-ST-ZIP						
12. I hereby certify that the information supplied with this filling 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: Manual And Typed on Printed Name of Signing Officer or Director / Dale Dayline Prone is											