

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 706544

FILED
Apr 30, 2003
Secretary of State

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

Current Principal Place of Business:

4050 COLONIAL BLVD S.E.
FORT MYERS, FL 33912 US

New Principal Place of Business:

Current Mailing Address:

4050 COLONIAL BLVD S.E.
FORT MYERS, FL 33912 US

New Mailing Address:

FEI Number: 59-6514378

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SHORT, ROBERT G
680 NEAL ROAD
FORT MYERS, FL 33905 US

Name and Address of New Registered Agent:

FERRELL, SAMUEL G DR.
471 BLUE LAGOON LANE
NORTH FORT MYERS, FL 33903 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: SAMUEL G. FERRELL

04/30/2003

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SHORT, ROBERT G
Address: 680 NEAL ROAD
City-St-Zip: FORT MYERS, FL 33912

Title: SD () Delete
Name: KRON, KAREN
Address: 454 MUSKEGON AVE
City-St-Zip: FORT MYERS, FL 33905

Title: TD () Delete
Name: PAGE, PAUL K
Address: 2412 KENT AVENUE
City-St-Zip: FORT MYERS, FL 33907

Title: D () Delete
Name: AALDERINK, ROBERT
Address: 425 HIDDEN COVE ROAD
City-St-Zip: N. FORT MYERS, FL 33917

Title: D () Delete
Name: BOWMAN, CRAIG
Address: 5847 WILD FIG LANE
City-St-Zip: FORT MYERS, FL 33919

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FERRELL, SAMUEL G DR.
Address: 471 BLUE LAGOON LANE
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: MASON, RICK
Address: 899 IRIS DRIVE
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: D (X) Change () Addition
Name: DELVENTHAL, RON
Address: 8471 MANDERSTON COURT
City-St-Zip: FORT MYERS, FL 33912

Title: D (X) Change () Addition
Name: PAGE, DOUG
Address: 279 DUNCAN LANE
City-St-Zip: NORTH FORT MYERS, FL 33903

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: SAMUEL G. FERRELL

DR.

04/30/2003

Electronic Signature of Signing Officer or Director

Date