


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 19, 2006 8:00 am**  
**Secretary of State**

07-19-2006 90002 001 \*\*\*\*61.25

**DOCUMENT # 741235**

1. Entity Name  
**COMMUNITY CONGREGATIONAL CHRISTIAN CHURCH, INC.**




Principal Place of Business  
**9220 N CITRUS SPRINGS BLVD.**  
~~CITRUS SPRINGS, FL 34433~~ US  
**Citrus**

Mailing Address  
**9220 N CITRUS SPRINGS BLVD.**  
~~CITRUS SPRINGS, FL 34433~~ US  
**Citrus**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country Zip Country



07022006 Chg-NP CR2E037 (4/06)

4. FEI Number  
**59-1795637** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SCOTT, STEVEN M**  
**2510 W DOLPHIN ST.**  
**CITRUS SPRINGS, FL 34434**

7. Name and Address of New Registered Agent

Name  
**ARA E. MIDGETT, JR.**

Street Address (P.O. Box Number is Not Acceptable)  
**200 W. ROMANY LOOP**

City **BEVERLY HILLS** FL Zip Code **34465**

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 ARA E. MIDGETT, JR. *Ara E. Midgett, Jr.* 13 July 2006  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25**  
**Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	<b>BROWNE, WILLIAM H</b>	
STREET ADDRESS	<b>4615 W. CUSTER DR</b>	
CITY-ST-ZIP	<b>BEVERLY HILLS, FL 34465</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>BROTHERTON, CRAIG R</b>	
STREET ADDRESS	<b>7854 N. GOLFVIEW DR</b>	
CITY-ST-ZIP	<b>DUNNELLON, FL 34434</b>	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	<b>SCOTT, STEVEN M</b>	
STREET ADDRESS	<b>2510 W. DOLPHIN DR.</b>	
CITY-ST-ZIP	<b>CITRUS SPRINGS, FL 34434</b>	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	<b>SCHMIDT, BARBARA</b>	
STREET ADDRESS	<b>9905 N CITRUS SPRINGS BLVD</b>	
CITY-ST-ZIP	<b>CITRUS SPRINGS, FL 34434</b>	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	<b>GEORGE, DAVID L</b>	
STREET ADDRESS	<b>10140 BISCAYNE DR</b>	
CITY-ST-ZIP	<b>CITRUS SPRINGS, FL 34434</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>WHALEY, HOWARD M</b>	
STREET ADDRESS	<b>1926 W. ALBURY PL</b>	
CITY-ST-ZIP	<b>DUNNELLON, FL 34434</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>UNSWORTH, DAVID</b>	
STREET ADDRESS	<b>19634 SW 88th LOOP</b>	
CITY-ST-ZIP	<b>DUNNELLON, FL 34432</b>	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ARA E. MIDGETT, JR.</b>	
STREET ADDRESS	<b>200 W. ROMANY LOOP</b>	
CITY-ST-ZIP	<b>BEVERLY HILLS, FL 34465</b>	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JUNE HUNTE</b>	
STREET ADDRESS	<b>4749 N. CRESTLINE DR.</b>	
CITY-ST-ZIP	<b>BEVERLY HILLS, FL 34465</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: ARA E. MIDGETT, JR. *Ara E. Midgett, Jr.* 13 July 2006 352-746-5817