


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 21, 2008 8:00 am**  
**Secretary of State**

07-21-2008 90026 027 \*\*\*\*61.25

<b>DOCUMENT # 741235</b> 1. Entity Name <b>COMMUNITY CONGREGATIONAL CHRISTIAN CHURCH, INC.</b>	
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Principal Place of Business 9220 N CITRUS SPRINGS BLVD. SITRUS SPRINGS, FL 34433 US	Mailing Address 9220 N CITRUS SPRINGS BLVD. SITRUS SPRINGS, FL 34433 US
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40111470



2. Principal Place of Business - No P.O. Box #	3. Mailing Address	07112008 Chg-NP CR2E037 (12/06)
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip

4. FEI Number <b>59-1795637</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  MIDGETT, ARA E JR. 200 W. ROMANY LOOP BEVERLY HILLS, FL 34465	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City State: <b>FL</b> Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by September 12, 2008**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D BROWNE, WILLIAM H <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4615 W. CUSTER DR	NAME	
STREET ADDRESS	BEVERLY HILLS, FL 34465	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D BROTHERTON, CRAIG R <input checked="" type="checkbox"/> Delete	TITLE	Clyde MacKenzie <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7854 N. GOLFVIEW DR	NAME	4496 N Canarywood Ter
STREET ADDRESS	DUNNELLO, FL 34434	STREET ADDRESS	Beverly Hills, FL 34465
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D UNSWORTH, DAVID <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	19634 SW 88TH LOOP	NAME	
STREET ADDRESS	DUNNELLO, FL 34432	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D ZWAGA, JERRY <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	19222 SW 101ST ST	NAME	
STREET ADDRESS	DUNNELLO, FL 34432	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D HUNTE, JUNE <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4749 N. CRESTLINE DR.	NAME	
STREET ADDRESS	BEVERLY HILLS, FL 34465	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D FARRIS, VIRGINIA <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2272 W HAMLET PL	NAME	
STREET ADDRESS	DUNNELLO, FL 34433	STREET ADDRESS	
CITY-ST-ZIP		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 an officer like empowered.

**SIGNATURE:** Ara E. Midgett, Jr., Treasurer 07/15/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #