

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741451

FILED
Mar 31, 2009
Secretary of State

Entity Name: COMMUNITY CHRISTIAN ASSEMBLY, INC.

Current Principal Place of Business:

235 W. WASHINGTON AVE
PIERSON, FL 321800557

New Principal Place of Business:

Current Mailing Address:

235 W. WASHINGTON AVE.
P.O.BOX 557
PIERSON, FL 321800557

New Mailing Address:

FEI Number: 59-1947615

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TYUS, MAX
307 E 2ND AVENUE
PIERSON, FL 32180 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TYUS, MAX
Address: 307 E 2ND AVENUE
City-St-Zip: PIERSON, FL 32180

Title: D (X) Delete
Name: CROSBY, SHANE
Address: 363 HWY 17
City-St-Zip: PIERSON, FL 32180

Title: D () Delete
Name: HAGSTROM, DEAN
Address: 425 E BENNETT RD
City-St-Zip: SEVILLE, FL 32180

Title: D () Delete
Name: DIXON, LAMAR
Address: 272 W WASHINGTON AVE
City-St-Zip: PIERSON, FL 32180

Title: ST (X) Delete
Name: STRICKLAND, OSCAR J SECRETA
Address: 4680 AUDOBON AVE.
City-St-Zip: DELEON SPRINGS, FL 32130 US

Title: D () Delete
Name: MCNAUGHTON, CHAD
Address: 590 RAULERSON RD. #1
City-St-Zip: SEVILLE, FL 32190 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: ST (X) Change () Addition
Name: HAGSTROM, DEAN
Address: 425 E BENNETT RD
City-St-Zip: SEVILLE, FL 32180

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MAX TYUS

PRES

03/31/2009

Electronic Signature of Signing Officer or Director

Date