

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 14 1998 8:00am  
Secretary of State

|                                                          |                                                                                   |                                                                                                           |
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| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

DOCUMENT # **769201** (5)  
1. Corporation Name  
**CHRIST COMMUNITY CHRISTIAN CENTER CHURCH, INC.**



|                                                                                     |                                                              |
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| Principal Place of Business<br><b>704 BRUNNELL PKWY.<br/>LAKELAND FL 33802-7550</b> | Mailing Address<br><b>P.O. BOX 550<br/>LAKELAND FL 33802</b> |
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| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country |
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| 3. Date Incorporated or Qualified<br><b>07/01/1983</b>                                                                                                       |                                                        |
| 4. FEI Number<br><b>59-2307770</b>                                                                                                                           | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                    | <b>\$8.75 Additional Fee Required</b>                  |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>                                                                              | <b>\$5.00 May Be Added to Fees</b>                     |
| 7. Is this nonprofit corporation a homeowners association?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                       |                                                        |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |                                                        |

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| 9. Name and Address of Current Registered Agent<br><b>LADLER, WALTER K JR<br/>7511 HAVENWOOD DR<br/>LAKELAND FL 33809</b> |  |
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|-------------------------------------------------------|-------------|
| 10. Name and Address of New Registered Agent          |             |
| 81 Name                                               |             |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 83                                                    |             |
| 84 City                                               | 85 Zip Code |

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| 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.<br>SIGNATURE <i>[Signature]</i> DATE <b>3/27/98</b> |
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| 12. OFFICERS AND DIRECTORS                         |                                                                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> DELETE<br><b>D<br/>HART, RICHARD<br/>1021 WEST 13TH STREET<br/>LAKELAND FL 33805</b>                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> DELETE<br><b>VD<br/>WALKER, PHILLIP<br/>5705 LAKE LUTHER RD<br/>LAKELAND FL 33805</b>               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> DELETE<br><b>D<br/>ROBINSON, JOEL<br/>916 WHISPER LAKE DRIVE<br/>WINTER HAVEN FL 33880</b>          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> DELETE<br><b>D<br/>BAKER, RICHARD W SR<br/>3929 OLD HIGHWAY 37, VILLA #98<br/>LAKELAND FL 33803</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> DELETE                                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> DELETE                                                                                              |

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| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12              |                                                                                                                                                                    |
| 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>D<br/>MCNEIL, JESSE<br/>3405 CHART PRINE WAY<br/>LAKELAND, FL 33809</b>         |
| 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>D<br/>HART, WALTER<br/>1077 SUNSHINE WAY SW<br/>WINTER HAVEN FL 33880</b>       |
| 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>P/CEO<br/>LADLER, WALTER K., II<br/>7511 HAVENWOOD DR<br/>LAKELAND FL 33809</b> |
| 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>S<br/>BODDIE, CHERYL<br/>315 ARBOR WAY<br/>LAKELAND FL 33809</b>                |
| 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>T<br/>ROBINSON, RUTH W.<br/>2206 2ND AVE NE<br/>LAKELAND FL 33881</b>           |
| 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                  |

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| 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or in an attachment with an address.<br>SIGNATURE: <i>[Signature]</i> DATE: <b>3/27/98</b> |
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CR2E037 (10/97)