2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2001 8:00 am
Secretary of State
06-05-2001 90024 001 ***122.50

DOCUMENT # 769201

1. Entity Name
CHRIST COMMUNITY CHRISTIAN CENTER CHURCH, INC.

Principal Place of Business	Mailing Address
704 BRUNNELL PARKWAY LAKELAND FL 33815	P.O. BOX 550 LAKELAND FL 33802

74151

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
704 BRUNNELL PARKWAY	P. O. BOX 550
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LAKELAND FL	City & State: LAKELAND FL
Zip: 33815 Country: USA	Zip: 33802 Country: USA

4. FEI Number: 59-2307770 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WALTER K. LAIDLER, JR.
624 CHESTNUT RD.
LAKELAND FL 33815

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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

Make Check Payable to: Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT/DIRECTOR WALTER K. LAIDLER, JR. 624 CHESTNUT RD. LAKELAND, FL 33815	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EXEC. VICE PRESIDENT CARRIE L. LAIDLER 624 CHESTNUT RD. LAKELAND FL 33815	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY CHERYL B. BODDIE 1571 KINSMAN WAY LAKELAND FL 33809	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER RUTH W. ROBINSON 206 SECOND ST N.E. WINTER HAVEN FL 33881	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRES./DIRECTOR #1 PHILLIP E. WALKER 5705 LAKE LUTHER RD. LAKELAND FL 33805	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR/BD. MEMBER #2 JOEL K. ROBINSON 916 WHISPER LAKE DRIVE WINTER HAVEN FL 33880	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (11/00)

12. 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 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: Walter K. Laidler Jr. WALTER K. LAIDLER, JR. 6/01/01 (863)688-000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #