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Jun 21, 2007 8:00 am
Secretary of State
05-16-2007 90021 020 ****61.25

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 769201

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

Principal Place of Business	Mailing Address
704 BRUNNELL PKWY. LAKELAND, FL 33802-7550	P.O. BOX 550 LAKELAND, FL 33802

66019543

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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number
59-2307770

5. Certificate of Status Desired ☐ $8 Fee

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Age
LAIDLER, WALTER K JR 704 BRUNNELL PKWY LAKELAND, FL 33815	Name Street Address (P.O. Box Number is Not Acceptable) City FL

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 fam the obligations of registered agent.

SIGNATURE _____
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 May 1, 2007

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

Make check pa Florida Departme

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIREC	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HART, RICHARD 1715 LOWRY AVE LAKELAND, FL 33801	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD WALKER, PHILLIP 5705 LAKE LUTHER RD LAKELAND, FL 33805	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROBINSON, JOEL 916 WHISPER LAKE DRIVE WINTER HAVEN, FL 33880	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~SMITH, WALTER~~ 318 CORONA DELMAR LAKELAND, FL 33809	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ CHANGE ☒ Add WALTER K LAIDLER JR 339 HOWARD AVE LAKELAND, FL 33805
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GRAY, WILLIAM 7227 SCENIC HILLS BLVD LAKELAND, FL 33810	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BROADNAY, ANTHONY PO BOX 5 LAKELAND, FL 33802	☐ Delete	TITLE / 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 th 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 a 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 Bl changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____