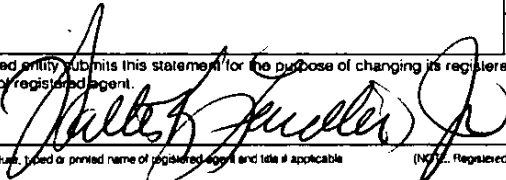


FILED
Jun 21, 2007 8:00 am
Secretary of State

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 704 BRUNNELL PKWY. LAKELAND, FL 33802-7550		Mailing Address P.O. BOX 550 LAKELAND, FL 33802	
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 LAILER, WALTER K JR 704 BRUNNELL PKWY LAKELAND, FL 33815		7. Name and Address of New Registered Agent	
		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 familiar with the obligations of registered agent.			
SIGNATURE 		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 payable to Florida Department of Banking			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
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	Walter K Laidler Jr 339 HOWARD AVE LAKELAND, FL 33805 ☒ CHANGE ☒ Add
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 that the information 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 member 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 the report, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 