

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770772

FILED
May 03, 2005
Secretary of State

Entity Name: CHRISTIAN CATHOLIC CENTER, INC.

Current Principal Place of Business:

6922 20TH AVENUE SOUTH
TAMPA, FL 33619

New Principal Place of Business:

Current Mailing Address:

6922 20TH AVENUE SOUTH
TAMPA, FL 33619

New Mailing Address:

FEI Number: 59-2407542 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CAPDEVILA, ALBERT J
12846 BIG SUR DRIVE
TAMPA, FL 33625 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: SD () Delete
Name: BEACHAM, IV, RUFUS
Address: 7802 O'BRIEN STREET
City-St-Zip: TAMPA, FL 33616

Title: PD () Delete
Name: CAPDEVILA, ALBERT J
Address: 12846 BIG SUR DRIVE
City-St-Zip: TAMPA, FL 33625

Title: TD () Delete
Name: ALBALADEJO, SATURNINO
Address: 5840 HERONVIEW CRESENT DRIVE
City-St-Zip: LITHIA, FL 33547

Title: VD () Delete
Name: CAPDEVILA, ZIRELDA
Address: 12846 BAY SUR DRIVE
City-St-Zip: TAMPA, FL 33625

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: BEACHAM, IV, RUFUS
Address: 7802 O'BRIEN STREET
City-St-Zip: TAMPA, FL 33616

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

Title: T/S (X) Change () Addition
Name: ALBALADEJO, SATURNINO
Address: 5840 HERONVIEW CRESENT DRIVE
City-St-Zip: LITHIA, FL 33547

Title: D (X) Change () Addition
Name: CAPDEVILA, ZIRELDA
Address: 12846 BAY SUR DRIVE
City-St-Zip: TAMPA, FL 33625

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ALBERT J. CAPDEVILA

PD

05/03/2005

Electronic Signature of Signing Officer or Director

Date