

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90052 042 ****70.00

DOCUMENT # 770772

1. Entity Name
CHRISTIAN CATHOLIC CENTER, INC.



Principal Place of Business
6922 20TH AVENUE SOUTH
TAMPA, FL 33619

Mailing Address *6616 E. Chelsea St.*
~~6922 20TH AVENUE SOUTH~~
TAMPA, FL ~~33619~~
33610

40064909



03222007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

| | |
|----------------------------------------------------------------------------------------------------|-------------------------------|
| 4. FEI Number 59-2407542 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

CAPDEVILA, ALBERT J
12846 BIG SUR DRIVE
TAMPA, FL 33625

**DO NOT WRITE
IN THIS SPACE**

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, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

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

10. OFFICERS AND DIRECTORS

| | |
|----------------|------------------------------|
| TITLE | VD |
| NAME | BEACHAM, IV, RUFUS |
| STREET ADDRESS | 7802 O'BRIEN STREET |
| CITY-ST-ZIP | TAMPA, FL 33616 |
| TITLE | PD |
| NAME | CAPDEVILA, ALBERT J |
| STREET ADDRESS | 12846 BIG SUR DRIVE |
| CITY-ST-ZIP | TAMPA, FL 33625 |
| TITLE | T/S |
| NAME | ALSALADEJO, SATURNINO |
| STREET ADDRESS | 5840 HERONVIEW CRESENT DRIVE |
| CITY-ST-ZIP | LITHIA, FL 33547 |
| TITLE | D |
| NAME | CAPDEVILA, ZIRELDA |
| STREET ADDRESS | 12846 BAY SUR DRIVE |
| CITY-ST-ZIP | TAMPA, FL 33625 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/07

Date

Daytime Phone #