

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2006 08:00 AM
Secretary of State

DOCUMENT # C93000000002	
1. Entity Name CHRISTIAN CHURCH SEBRING, FLORIDA, INCORPORATED	

Principal Place of Business 510 POINSETTIA AVENUE SEBRING, FL 33870	Mailing Address 510 POINSETTIA AVENUE SEBRING, FL 33870
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01102006 No Chg-NP CRZE037 (11/05)

4. FEI Number 23-7050100	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ROBERTS, JUANITA PO BOX 312 2817 RODEO DRIVE LORIDA, FL 33857

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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 reinstating)	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	000000482979 04/11/06-80037-013 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RHOTEN, MARCIA 1719 PROSPECT STREET SEBRING, FL 33870
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C ASMUSSEN, RICHARD 2849 ROGER STREET SEBRING, FL 33872
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCHOPPENHORST, ERWIN 1952 SAWGRASS TRAIL SEBRING, FL 33872
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCHOPPENHORST, MARILYN 1952 SAWGRASS TRAIL SEBRING, FL 33872
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Marcia Rhoten* **MARCIA Rhoten Treasurer** 863-385-0352