


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2006 08:00 AM
Secretary of State

DOCUMENT # N00000000905

1. Entity Name
CHRISTIAN CENTER CHURCH INC.



Principal Place of Business
**4791 SHEFFIELD DR
MARIANNA, FL 32446**

Mailing Address
**PO BOX 450
MARIANNA, FL 32447**

DO NOT WRITE IN THIS SPACE



02092006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-3680684	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HOLLIS, JACK E
4476 BROAD ST
MARIANNA, FL 32446**

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HOLLIS, JACK E 4476 BROAD ST MARIANNA, FL 32446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MAYO, GENOUS R JR 2955 HUNTER FISH CAMP RD MARIANNA, FL 32446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HOLLIS, SHELLIE F 4476 BROAD ST MARIANNA, FL 32446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARNOLD, ZACHARY L 4466 PUTNAM ST MARIANNA, FL 32446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRIETZ, RICHARD 2985 OLD US RD MARIANNA, FL 32446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, DAVID W 4336 SOUTH ST MARIANNA, FL 32446

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IN THIS SPACE**

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02/24/06-80057-002 70.00

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: Shellie F Hollis 2-10-06 850-526-4477
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #