

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000905

FILED
Apr 18, 2007
Secretary of State

Entity Name: CHRISTIAN CENTER CHURCH INC.

Current Principal Place of Business:

4791 SHEFFIELD DR
MARIANNA, FL 32446

New Principal Place of Business:

Current Mailing Address:

PO BOX 450
MARIANNA, FL 32447

New Mailing Address:

FEI Number: 59-3680684

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLLIS, JACK E
4476 BROAD ST
MARIANNA, FL 32446 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: DP () Delete
Name: HOLLIS, JACK E
Address: 4476 BROAD ST
City-St-Zip: MARIANNA, FL 32446

Title: DV () Delete
Name: MAYO, GENOUS R JR
Address: 2955 HUNTER FISH CAMP RD
City-St-Zip: MARIANNA, FL 32446

Title: DS () Delete
Name: HOLLIS, SHELLIE F
Address: 4476 BROAD ST
City-St-Zip: MARIANNA, FL 32446

Title: D () Delete
Name: ARNOLD, ZACHARY L
Address: 4466 PUTNAM ST
City-St-Zip: MARIANNA, FL 32446

Title: D () Delete
Name: PRIETZ, RICHARD
Address: 2985 OLD US RD
City-St-Zip: MARIANNA, FL 32446

Title: D (X) Delete
Name: DAVIS, DAVID W
Address: 4338 SOUTH ST
City-St-Zip: MARIANNA, FL 32448

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DV (X) Change () Addition
Name: MAYO, GENOUS R JR
Address: 2935 HUNTER FISH CAMP RD
City-St-Zip: MARIANNA, FL 32446

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: SHELLIE F. HOLLIS

DS

04/18/2007

Electronic Signature of Signing Officer or Director

Date