

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000905

FILED  
Jan 23, 2009  
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 US

## 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 REV.  
Address: 4476 BROAD ST  
City-St-Zip: MARIANNA, FL 32446

Title: DV ( ) Delete  
Name: ARNOLD, ZACHARY L REV.  
Address: 4462 PUTNAM ST  
City-St-Zip: MARIANNA, FL 32446 US

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

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

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

Title: D ( ) Change (X) Addition  
Name: GOCHENAUR, GARRY  
Address: P O BOX 833  
City-St-Zip: MARIANNA, FL 32447

I hereby certify that the information supplied with this filing does not qualify 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

S/D

01/23/2009

Electronic Signature of Signing Officer or Director

Date