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

## FILED May 01, 2006 8:00 am Secretary of State

1. Entity Nam	MENT # N02000004 CHRISTIAN CENTER INT						05-01-2006	90429 0	15 ****61	.25
Principal Place 4735 RIDGE PACE, FL 32	Point Drive	Mailing Address 4735 RIDGE POINT DRIVE PACE, FL 32571						, U	1 A T A M	VG
2. Principal Place of Business		3. Mailing Address P.O. Box 869								
3683 Avalon Blvd Suite, Apt. #, etc.		Suite, Apt. #, etc.				04202006	Chg-NP	CR2E0	37 (11/05)	
O't & Dist		City & Chate				4. CELNiumbar		OI LEEU		nlind For
City & State Milton, Florida		City & State Milton, Florida				4. FEI Number Applied For 02-0617431 Not Applicable				
Zip	Country	Zip	Çou	ntry		5. Certificate of	of Status Desired		\$8.75 Add	
32583	USA 6. Name and Address of Current	32572 Registered Agent	US	SA	L	7. Name and	Address of New	Registered	Fee Require	<u> </u>
	, RODNEY T SE POINT DRIVE			NEWKIRK, RODNEY T.  Street Address (P.O. Box Number is Not Acceptable) 5169 Victoria Drive						
PACE, FL 32571					5169 Y	<u>Victoria</u>	Drive			
				City					Tip Cod	
					Milton, FL 32570					
	named entity submits this statement for ions of registered agent.  Hadwey Apen A	inl			_		, in the state of	4-Z		and accept
	Signature, typed or printed name of registered agent	and little if applicable. {NOTE	E: Registered	d Agent signati	ure required w	hen reinstating)		DATE		
	Filling Fee is \$61.25 Due by May 1, 2006	9. Election Can Trust Fund C	npaign F	inancing		\$5.00 May Be		Make chec	k payable to	
10.	Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND DI	9. Election Can Trust Fund C	npaign F Contributi	inancing ion.	_ ;	\$5.00 May Be Added to Fees		Make chec orida Depai	k payable to	tate
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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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-06

<u>(850)304-1230</u>