2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2009
Secretary of State

DOCUMENT# N02000006361

Entity Name: CHRIST-CENTERED CHRISTIAN CHURCH, INC.

Current Principal Place of Business:

1215 OLD HICKORY TREE ROAD
ST. CLOUD, FL 34771

New Principal Place of Business:

Current Mailing Address:

277 INDIAN POINT CIRCLE
KISSIMMEE, FL 34746

New Mailing Address:

FEI Number: 51-0421186 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

POPPLETON, ANNETTE
277 INDIAN POINT CIRCLE
KISSIMMEE, FL 34746 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: D ( ) Delete
Name: POPPLETON, DAVID
Address: 277 INDIAN POINT CIRCL
City-St-Zip: KISSIMMEE, FL 34746

Title: D ( ) Delete
Name: SLATER, SARAH R
Address: 118 COURT STREET
City-St-Zip: KISSIMMEE, FL 34741

Title: D ( ) Delete
Name: POPPLETON, IAN R
Address: 118 COURT STREET
City-St-Zip: KISSIMMEE, FL 34741

Title: D ( ) Delete
Name: DITEWIG, TERESA
Address: 14826 DAYLILY COURT
City-St-Zip: ORLANDO, FL 32824

Title: D ( ) Delete
Name: HOUGHTON-WHITE, JANINE
Address: 12615 SPURRIER LANE
City-St-Zip: ORLANDO, FL 32824

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

Title: D ( ) Change (X) Addition
Name: SLATER, LYNN M
Address: 118 COURT STREET
City-St-Zip: KISSIMMEE, FL 34741

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: ANNETTE POPPLETON D 04/25/2009

Electronic Signature of Signing Officer or Director — Date