


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90020 047 ****61.25

DOCUMENT # N02000009546			
1. Entity Name CONTINENTAL CHRISTIAN CHURCH (DISCIPLES OF CHRIST), INC.			
Principal Place of Business 11 RABBIT TRAIL WILDWOOD FL 34785		Mailing Address 11 RABBIT TRAIL WILDWOOD FL 34785	
2. Principal Place of Business <i>11 RABBIT TRAIL</i> Suite, Apt. #, etc.		3. Mailing Address <i>11 RABBIT TRAIL</i> Suite, Apt. #, etc.	
City & State <i>WILDWOOD, FL.</i>		City & State <i>WILDWOOD, FL.</i>	
4. FEI Number 59-3734112	Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent WEIR, KENNETH R 11 RABBIT TRAIL WILDWOOD FL 34785		7. Name and Address of New Registered Agent Name <i>WEIR, ADEL C.</i> Street Address (P.O. Box Number is Not Acceptable) <i>11 RABBIT TRAIL</i> <i>WILDWOOD,</i> City FL Zip Code <i>34785</i>	
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 <i>ADEL C. WEIR</i> <i>Adel C. Weir</i> <i>1-25-06</i> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD WEIR, KENNETH R 11 RABBIT TRAIL WILDWOOD FL 34785 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD CAROLYN HOFFMAN 35 MAGNOLIA LANE WILDWOOD, FL. 34785 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WIER, ADELE 11 RABBIT TR WILDWOOD FL 34785 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ADEL WEIR 11 RABBIT TRAIL WILDWOOD, FL. 34785 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KANE, RAY 105 CYPRESS ROAD WILDWOOD FL 34785 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JUDY FRANKLIN 1 QUAIL HOLLOW WILDWOOD, FL. 34785 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition



1st MOORE CR2E037 (10/05)

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *ADEL C. WEIR - Adel C. Weir* *1-25-06* *352-748-7974*