

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 01, 2008 8:00 am**  
**Secretary of State**

02-01-2008 90029 032 \*\*\*\*61.25

<b>DOCUMENT # N02000009546</b>			
1. Entity Name CONTINENTAL CHRISTIAN CHURCH (DISCIPLES OF CHRIST), INC.			
Principal Place of Business 6900 E. CR 468 WILDWOOD, FL 34785		Mailing Address <del>6000 E. CR 468</del> <del>WILDWOOD, FL 34785</del> 1 QUAIL HOLLOW WILDWOOD, FL 34785	
2. Principal Place of Business - No P.O. Box # 6900 E. CR 468		3. Mailing Address 1 QUAIL HOLLOW	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State WILDWOOD, FL		City & State WILDWOOD, FLORIDA	
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 <del>WEIR, ADEL C</del> 11 RABBIT TRAIL WILDWOOD, FL 34785		7. Name and Address of New Registered Agent Name: FRANKLIN JUDY K. Street Address (P.O. Box Number is Not Acceptable): 1 QUAIL HOLLOW City: WILDWOOD FL Zip Code: 34785	
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: JUDY K. FRANKLIN		TREASURE: Judy K. Franklin 1-27-08	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: CD	NAME: HOFFMAN, CAROLYN	TITLE: CD	NAME: Annwood, Dick
STREET ADDRESS: 35-MAGNOLIA LN	CITY-ST-ZIP: WILDWOOD, FL 34785	STREET ADDRESS: 45N. Bobwhite	CITY-ST-ZIP: WILDWOOD, FL. 34785
TITLE: <del>SE</del>	NAME: WEIR, ADEL	TITLE: Sec.	NAME: MAGOON, CAROL
STREET ADDRESS: 11 RABBIT TR	CITY-ST-ZIP: WILDWOOD, FL 34785	STREET ADDRESS: 302 CYPRESS SQ.	CITY-ST-ZIP: WILDWOOD, FL. 34785
TITLE: TD	NAME: FRANKLIN, JUDY	TITLE:	NAME:
STREET ADDRESS: 1 QUAIL HOLLOW	CITY-ST-ZIP: WILDWOOD, FL 34785	STREET ADDRESS:	CITY-ST-ZIP:
TITLE:	NAME:	TITLE:	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	STREET ADDRESS:	CITY-ST-ZIP:
TITLE:	NAME:	TITLE:	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	STREET ADDRESS:	CITY-ST-ZIP:
TITLE:	NAME:	TITLE:	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	STREET ADDRESS:	CITY-ST-ZIP:
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: JUDY K. FRANKLIN - Judy Franklin		Date: 1-27-08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: 352-330-0588	