2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 08:00 A
Secretary of State

DOCUMENT # N02000009664

1. Entity Name
CHRISTIAN COMMUNITY MISSIONS, INC.

Principal Place of Business	Mailing Address
1052 HWY 92 W. ABURNDALE, FL 33823	1052 HWY 92 W. ABURNDALE, FL 33823

04022008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
48-1301479
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KOLADES, ALLEN J
1052 HWY 92
W. ABURNDALE, FL 33823

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

U00000901127
04/29/08-80056-013 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KOLADES, ALLEN J REV.
STREET ADDRESS	PO BOX 721
CITY-ST-ZIP	AUBERNDALE, FL 33823
TITLE	D
NAME	NYGAARD, BONNIE
STREET ADDRESS	72 LAS PALMS DRIVE
CITY-ST-ZIP	AUBURNDALE, FL 33823
TITLE	D
NAME	GIROUARD, ALFRED
STREET ADDRESS	119 S. EASTSIDE DR.
CITY-ST-ZIP	LAKESIDE, FL 33801
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: A. Kolades A. KOLADES 4-14-08 8636657299
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #