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

Feb 15, 2006 8:00 am **Secretary of State** DOCUMENT # N03000005517 1. Entity Name 02-15-2006 90052 006 ****70.00 COMMUNITY CHRISTIAN CHURCH OF PLANT CITY. Principal Place of Business Mailing Address 1310 N. SHANNON AVENUE PLANT CITY FL 33563 1310 N. SHANNON AVENUE PLANT CITY FL 33563 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State Applied For 4. FEI Number 32-0081291 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JEORGE CLOSE, DONALD G Street Address (P.O. Box Number is Not Acceptable) 1310 N. SHANNON AVENUE N-PLANT CITY FL 33563 Zip Code 33563 6. 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. egistered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS X Defete TITLE TITLE Change ☐ Addition CLOSE, DONALD G NAME LAMSARAM, GEORGE NAME 1310 N. SHANNON AVENUE STREET ADDRESS STREET ADDRESS N Shannon Ave PLANT CITY FL 33563 CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE - Change - Addition WALLACE, SHARON E NAME NAME 301 N. WILDER ROAD #65 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PLANT CITY FL 33566 CiTY-ST-78 TITLE Delete... TITLE ☐ Change — ☐ Addition DIANA, DUANE NAME NAME STREET ADDRESS 429 HERON HOLLOW STREET ADDRESS CITY-ST-ZIP PLANT CITY FL 33563 CITY-ST-ZIP D/C/F TITLE Delete TITLE Change 🔀 Addition JOHNSON, CHARLOTTE NAME NAME STREET ADDRESS 3811 W. TRAPNELL ROAD STREET ADDRESS CITY-ST-ZIP PLANT CITY FL 33566 CITY-ST-ZIP TITLE 🕱 Delete ☐ Change ☐ Addition STONE, SARAH BETH NAME NAME 901 AXLEWOOD CIRCLE STREET ADDRESS STREET ADDRESS BRANDON FL 33511 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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

other like empowered.

if changed, or on an attachment with an address, with a

SIGNATURE:

FILED