2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000001928

1. Entity Name
CHRIST CENTERED COMMUNITY CHURCH CHURCH OF GOD IN CHRIST, INC

FILED
05 FEB -9 PM 1:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02092005 Chg-NP CR2E037 (10/03)

Principal Place of Business	Mailing Address
4584 WILDERNESS CT JACKSONVILLE, FL 32258	4584 WILDERNESS CT JACKSONVILLE, FL 32258

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. P.O Box 177	Suite, Apt. #, etc. P.O Box 177
City & State Alachua, FL	City & State Alachua, FL
Zip 32616 Country Alachua	Zip 32616 Country Alachua

4. FEI Number 52-2447920 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PERRY, BOYZIE M ELDER
~~4584 WILDERNESS CT~~
~~JACKSONVILLE~~, FL 32258

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
2317 NW 176th Place

City High Springs FL Zip Code 32643

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

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	D PERRY, BOYZIE M ELDER 4584 WILDERNESS CT JACKSONVILLE, FL 32258	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Al McClellon P.O. Box 1563 Alachua, FL 32616 D	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PERRY, A'LICIA GRAY 4584 WILDERNESS CT JACKSONVILLE, FL 32258	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Sherron McClellon P.O. Box 1563 Alachua, FL 32616 D	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SMITH, ROSE MARIE 320 SE 17TH ST HIGH SPRINGS, FL 32643	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Elder Boyzie Perry P.O. Box 177 Alachua, FL 32616 D	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SMITH, WILLIE GEORGE 320 SE 17TH ST HIGH SPRINGS, FL 32643	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	600046270006 02/09/05--01044--002 **105.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PERRY, DESTINI C ~~4584 WILDERNESS CT~~ ~~JACKSONVILLE, FL 32258~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	485 SW 6th St Lake Butler, FL 32054	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Boyzie Perry Boyzie Perry 2-9-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #