2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

PREPAY BOYZEM MELDER STORMANUE FL 32258 A Thousand a Country Storm Stormand and Address of Country Registered Agent Melder Character Stormand and Address of Country Stormand and Address of	1. Entity Nam CHRIST (MENT # N0400001 CENTERED COMMUNITY CONTROL CHRIST, INC	OF	05 F	= L E D EB - 9 PH 1: 30	5			
Solito, Apt. F. gic.	4584 WILDERNESS CT		4584 WILDERNESS CT		SECH TALL/	SECKETARY OF STATE TALLAHASSEE, FLORIDA			
CON & State Alachura Country Alachura Country Alachura Country Alachura Country Balt Cou	Principal Place of Business		3: Mailing Address						
Alachua County 33616 Alachua County 3 3616 Alachua County 3 3616 Alachua South 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Suite, Apt. #, etc.				02092005	02092005 Chg-NP CR2E037 (10/03)			
Such a Canal Subset	City & State Alachua, PC		City & State Alackua, FC		4. FEI Number 52-24	47920	<u> </u>		
PERRY, BOYZIE M ELDER 4884-WILDERNESS CT JACKSONVILLE, FL 32258 8. The above named entity submite this statement for the purpose of changing its registered office or registered agent, or both, in the Stella of Broduct in an tamiliar width, and accept the obligations of registered agent. SIGNATURE Signature Sig	zip 32	616 Alachua	32616			Status Desired	Fee Required		
Street Address (P.O. Box Number is Not Acceptable) 23 7 NW (7ch plue City 7 Super	2555V B		legistered Agent	Name					
2 31 7 NW 176 PARE City 3 Hart Spring FL 32443 8. The above named entity submits the 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 collegatores of registered agent, or both. In the State of Florida. I am familiar with, and accept the collegatores of registered agent, or both. In the State of Florida. I am familiar with, and accept the collegatores of registered agent, or both. In the State of Florida. I am familiar with, and accept the collegatores of registered agent, or both. In the State of Florida. I am familiar with, and accept the collegatores of registered agent, or both. In the State of Florida. Department of State FILING Fee is \$61.25 FILING Fee	4584 WILDERNESS CI Street Address (P.O. B					s Not Acceptable)	,		
B. 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida Department of State. Filing Fee is \$61.25 Due by May 1, 2005 Title Defence Title D	<u> </u>						1 Zin Code		
SIGNATURE Signature Signa	619h Spnhas								
Filing Fee is \$81.25 Due by May 1, 2005 PERRY, BOYZIE M ELDER STRETADORSS OT STR									
Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS (CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE D PERRY, BOYZIE M ELDER STREET ADDRESS ASA MULDERNIESS CT TITLE D ADDITIONS (CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE A MCCLUON Change Addition NAME PERRY, BOYZIE M ELDER STREET ADDRESS TOTY-ST-2P ASA MULDERNIESS CT TITLE D Change Addition NAME SMITTH, ROSE MARIE STREET ADDRESS ASA MULDERNIESS CT TITLE D Change Addition NAME SMITTH, ROSE MARIE STREET ADDRESS ASDEAD TITLE D Change Addition NAME SMITTH, WILLIE GEORGE STREET ADDRESS STREET ADDRESS STREET ADDRESS ASDEAD TITLE D Change Addition NAME SMITTH, WILLIE GEORGE STREET ADDRESS STREET ADDRESS STREET ADDRESS TITLE D Change Addition NAME SMITTH, WILLIE GEORGE STREET ADDRESS S									
TITLE NAME NAME NAME NAME NAME NAME NAME NAM									
NAME STREET ADDRESS CT JACKSONVILLE, FL 32258 TITLE D PERRY, A'LICIA GRAY PERRY, A'LICIA GRAY PERRY A'SONVILLE, FL 32258 TITLE D PERRY, A'LICIA GRAY PERRY A'LICIA GRAY PERRY A'SONVILLE, FL 32258 TITLE D PERRY, A'LICIA GRAY PERRY A'LICIA GRAY PERRY A'SONVILLE, FL 32258 TITLE D PERRY A'SONVILLE, FL 32258 TITLE D PERRY A'SONVILLE, FL 32258 TITLE D PERRY A'LICIA GRAY PERRY A'SONVILLE, FL 32258 TITLE D PERRY A'SONVILLE,		,							
CITY-ST-ZIP JACKSONVILLE, FL 32258 CITY-ST-ZIP JACKSONVILLE, FL 322643 CITY-ST-ZIP JACKSONVILLE GEORGE STREET ADDRESS CITY-ST-ZIP JACKSONVILLE GEORGE STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32268 CITY-	į	1 =	L_I Delete	NAME	• • •	1 \	∐ Unange	AOOIIION !	
TITLE D PERRY, A'LICIA GRAY STREET ADDRESS 4584 WILDERNESS CT CITY-ST-ZIP JACKSONVILLE, FL 32258 TITLE D JACKSONVILLE, FL 322643 TITLE D JACKSONVILLE GEORGE STREET ADDRESS CT CITY-ST-ZIP HIGH SPRINGS, FL 32643 TITLE D JACKSONVILLE GEORGE STREET ADDRESS CT TITLE D JACKSONVILLE, FL 32258 TITLE D JACKSONVILLE, FL 32268 TITLE D JACKSONVILLE, FL 32					Alachna M.	32 <i>0</i> 6			
STREET ADDRESS CITY-ST-2P JACKSONVILLE, FL 32258 CITY-ST-2P JACKSONVILLE,		=	Delete		Therrow melle	llow n	Change	Addition	
TITLE D SMITH, ROSE MARIE SMITH, ROSE MARIE SIRET ADDRESS CITY-ST-2P HIGH SPRINGS, FL 32643 TITLE D SMITH, WILLIE GEORGE SIRET ADDRESS CITY-ST-2P HIGH SPRINGS, FL 32643 TITLE D SMITH, WILLIE GEORGE SIRET ADDRESS CITY-ST-2P HIGH SPRINGS, FL 32643 TITLE D SMITH, WILLIE GEORGE SIRET ADDRESS CITY-ST-2P HIGH SPRINGS, FL 32643 CITY-ST-2P TITLE D Delete TITLE NAME SIRET ADDRESS CITY-ST-2P TACKEONVILLE, FL 32268 CITY-ST-2P TITLE NAME SIRET ADDRESS CITY-ST-2P TITLE NAME SIRET	STREET ADDRESS	4584 WILDERNESS CT		STREET ADDRESS	P.O. Bas 1563	3			
STREET ADDRESS CITY-ST-ZIP HIGH SPRINGS, FL 32643 TITLE DMANE SMITH, WILLIE GEORGE STREET ADDRESS CITY-ST-ZIP HIGH SPRINGS, FL 32643 TITLE NAME STREET ADDRESS CITY-ST-ZIP HIGH SPRINGS, FL 32643 TITLE NAME PERRY, DESTINI C NAME STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32269 TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32269 TITLE NAME STREET ADDRESS CITY-ST-ZIP TO Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TO DELET TITLE NAME STREET ADDRESS CITY-ST-ZIP TO DELET TO DELET TITLE NAME STREET ADDRESS CITY-ST-ZIP TO DELET TITLE NAME STREET ADDRESS CITY-ST-ZIP TO DELET TO		ļ.,	Delete		Blackua, M.	em n	Change	Addition	
TITLE D SMITH, WILLIE GEORGE SINET ADDRESS SINET ADDRESS CITY-ST-ZIP HIGH SPRINGS, FL 32643 CITY-ST-ZIP HIGH SPRINGS, FL 32643 CITY-ST-ZIP D Delete TITLE D D Delete NAME SIRET ADDRESS CITY-ST-ZIP TITLE D D Delete NAME SIRET ADDRESS CITY-ST-ZIP TITLE NAME SIRET ADDRESS CITY-ST-ZIP TO Delete TITLE NAME SIRET ADDRESS CITY-ST-ZIP TO Delete TITLE NAME SIRET ADDRESS CITY-ST-ZIP TO Delete TITLE NAME SIRET ADDRESS CITY-ST-ZIP TO DELET TITLE NAME SIRET ADDRESS CITY-ST-ZIP TO DELET TITLE NAME SIRET ADDRESS CITY-ST-ZIP TO DELET TITLE NAME SIRET ADDRESS CITY-ST-ZIP Addition Addition Addition ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exempton 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: SIGNATURE: D Addition Addition Addition Addition ADDRESS CITY-ST-ZIP ADDRESS CITY-S		1		NAME Street address	RO. BOX177	, D			
NAME STREET ADDRESS CITY-ST-ZIP HIGH SPRINGS, FL 32643 TITLE NAME PERRY, DESTINI C STREET ADDRESS CITY-ST-ZIP Delete NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		HIGH SPRINGS, FL 32643		CITY+ST-ZIP	Alachua, Rl	32616			
STREET ADDRESS CITY-ST-ZIP HIGH SPRINGS, FL 32643 TITLE NAME PERRY, DESTINI C STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP 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: SIGNATURE: STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP Change Addition Addition Addition Addition NAME STREET ADDRESS CITY-ST-ZIP Change Addition Addition NAME STREET ADDRESS CITY-ST-ZIP Change Addition Addition NAME STREET ADDRESS CITY-ST-ZIP CHANGE CHANGE ADDRESS CITY-ST-ZIP Change Addition Addition Addition Addition NAME STREET ADDRESS CITY-ST-ZIP CHANGE CHANGE ADDRESS CITY-ST-ZIP Change Addition Addition Addition Addition ADDRESS CITY-ST-ZIP CHANGE CHANGE ADDRESS CITY-ST-ZIP CHANGE CHANGE ADDRESS CITY-ST-ZIP			☐ Delete		er	مبدة كسب دسبه حسرة واله ويبية كيبره و		Addition	
PERRY, DESTINI C NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 1. 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 of 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: Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 of 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: Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition Addition Addition ITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition Addition Addition Addition NAME STREET ADDRESS CITY-ST-ZIP Change Addition Addition Addition Change Addition Addi				I	02/09	/050104400/		5.00	
STREET ADDRESS CITY-ST-ZIP JACKSONVILLE; FL-32258 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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: STREET ADDRESS CITY-ST-ZIP LAKE BUH				-			Change	Addition	
NAME STREET ADDRESS CRY-ST-ZIP 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: SIGNATURE: Delete ITILE NAME NAME STREET ADDRESS CITY-ST-ZIP 2-10.5	*****		L.J Dexete						
STREET ADDRESS CITY-ST-ZIP 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: SIGNATURE: STREET ADDRESS CITY-ST-ZIP CONTROLL AND ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-STREET STREET ADDRESS CITY-STREET STREET ADDRESS CITY-STREET STREET ADDRESS CI	STREET ADDRESS	PERRY, DESTINI C 4584 WILDERNESS CT	LJ Veiste	NAME STREET ADDRESS	485 SW6	th St			
2. 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: Boycie Levy 2-4-0-5	STREET ADDRESS CITY-ST-ZIP	PERRY, DESTINI C 4584 WILDERNESS CT		NAME STREET ADDRESS CITY-ST-ZIP	485 SW6 Lake Butle	th 54 4,FC32054	☐ Change	☐ Addition	
indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it 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: Boycie Levy 2-4-05	STREET ADDRESS CITY-ST-ZIP TITLE NAME	PERRY, DESTINI C 4584 WILDERNESS CT		NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	485 SW6 Lake Butle	HSH 4,FC32054	☐ Change	☐ Addition	
	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PERRY, DESTINI C 4584 WILDERNESS CT JACKSONVILLE, FL 32258	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP					
	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby a indicated of the cor	PERRY, DESTINI C 4584 WILDERNESS CT JACKSONVILLE, FL 32258 certify that the information supplied with an this report or supplemental report is reportation or the receiver or trustee emporation or the receiver or trustee emporation.	Delete . In this filling does not qualify for sirue and accurate and that nowered to execute this report with all other like empowered.	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP The exemption state on the signature shall have as required by Chap	d in Section 119.07(3)(i), F ve the same legal effect a ter 617, Florida Statutes; a	Florida Statutes. I further ce s if made under oath; that I	rtify that the in	iformation or director	