## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000001928

FILED May 04, 2008 Secretary of State

Entity Name: CHRIST CENTERED COMMUNITY CHURCH, INC

**Current Principal Place of Business: New Principal Place of Business:** 6893 SW 67TH TRAIL LAKE BUTLER, FL 32054 **Current Mailing Address: New Mailing Address:** P.O. BOX 177 ALACHUA, FL 32616 FEI Number: 52-2447920 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PERRY, BOYZIE M ELDER 6893 SW 67TH TRAIL LAKE BUTLER, FL 32054 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete PERRY, BOYZIE M ELDER PERRY, BOYZIE M ELDER Name: Name: 22317 NW 176TH PLACE Address: 6893 SW 67TH TRAIL Address: City-St-Zip: HIGH SPRINGS, FL 32643 City-St-Zip: LAKE BUTLER, FL 32054 Title: Title: ( ) Delete () Change () Addition Name: MCCLELLON, AL Name: Address: 5956 SW 53RD ST. Address: City-St-Zip: LAKE BUTLER, FL 32054 City-St-Zip: Title: () Delete Title: () Change () Addition MCCLELLON, SHERRON Name: Name: 5956 SW 53RD ST. Address: Address: City-St-Zip: LAKE BUTLER, FL 32054 City-St-Zip: Title: ( ) Delete Title: () Change () Addition Name: PERRY, DESTINI C Name: 485 SW 6TH STREET Address: Address: City-St-Zip: LAKE BUTLER, FL 32054 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition PERRY, JOSLYN S JAMMER, ROBERT W Name: Name: 485 S.W. 6TH ST. 3860 SW COUNTY ROAD 18 Address: Address: City-St-Zip: LAKE BUTLER, FL 32054 City-St-Zip: FORT WHITE, FL 32038 Title: () Delete Title: ( ) Change (X) Addition CABAN, ANITA Name: Name: Address: Address: 22570 NW 176 PL HIGH SPRINGS, FL 32643 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BOYZIE PERRY D 05/04/2008