

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001928

FILED
Jan 19, 2009
Secretary of State

Entity Name: CHRIST CENTERED COMMUNITY CHURCH, INC

Current Principal Place of Business:

6893 SW 67TH TRAIL
LAKE BUTLER, FL 32054

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 177
ALACHUA, FL 32616

New Mailing Address:

FEI Number: 52-2447920

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PERRY, BOYZIE M ELDER
6893 SW 67TH TRAIL
LAKE BUTLER, FL 32054 US

Name and Address of New Registered Agent:

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:

Title: D () Delete
Name: PERRY, BOYZIE M ELDER
Address: 6893 SW 67TH TRAIL
City-St-Zip: LAKE BUTLER, FL 32054

Title: D () Delete
Name: MCCLELLON, AL
Address: 5956 SW 53RD ST.
City-St-Zip: LAKE BUTLER, FL 32054

Title: D () Delete
Name: MCCLELLON, SHERRON
Address: 5956 SW 53RD ST.
City-St-Zip: LAKE BUTLER, FL 32054

Title: D () Delete
Name: PERRY, DESTINI C
Address: 485 SW 6TH STREET
City-St-Zip: LAKE BUTLER, FL 32054

Title: D () Delete
Name: JAMMER, ROBERT W
Address: 3860 SW COUNTY ROAD 18
City-St-Zip: FORT WHITE, FL 32038

Title: D (X) Delete
Name: CABAN, ANITA
Address: 22570 NW 176 PL
City-St-Zip: HIGH SPRINGS, FL 32643

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: CABAN, ANITA
Address: 22570
City-St-Zip: HIGH SPRINGS, FL 32643

Title: () Change () Addition
Name:
Address:
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 M. PERRY

D

01/19/2009

Electronic Signature of Signing Officer or Director

Date