## 2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## **FILED** Jul 27, 2006 8:00 am Secretary of State 07-27-2006 90016 034 \*\*\*\*70.00

DOCUMENT	# N05000001780



1. Entity Name	COMMUNITY CHURCH OF				Ű,	27-2000 90		70.0	
905 HEATHE	ncipal Place of Business 15 HEATHERBROOK DR 16 BURNDALE, FL 33823  Mailing Address 905 HEATHERBROOK DR AUBURNDALE, FL 33823			40100867					
2. Principal Place of Business 652 Avenue L N.W. 3. Mailing Address 652 Avenue L N.W.									
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			07122006 Ch	g-NP	CR2E037 (4	(06)	
City & State Winter	Haven, FL	City & State Winter Haven, FL			4. FEI Number 20-238458	33		<u> </u>	olied For Applicable
Zip 33881	Country .,	Zip 33881	Country		5. Certificate of Sta			5 Addit	
	6. Name and Address of Current	Registered Agent			7. Name and Addr	ess of New Re	gistered Agent		
Name					a, Charles (P.O. Box Number is Not Acceptable) enue L N.W				
			City Win	- nter	Haven, FL	_		Code 381	
	named entity submits this statement for ions of registered agent.  Signature, typed or printed name of registered agent.	pela	registered office o			the State of Flori	da. Lam familiai  1/19/06  DATE	r with, a	and accept
Filing Fee is \$61.25  Due by September 6, 2006  9. Election Campaign Financ Trust Fund Contribution.									
Di	ue by September 6, 2006	Trust Fund C			\$5.00 May Be Added to Fees		ke check paya la Department		
<b>D</b> (		Trust Fund C	ontribution.	LJ		Florid	AND DIRECTO	of Sta	10
	ue by September 6, 2006	Trust Fund C	ontribution.	Pres	Added to Fees  DDITIONS/CHANGE  ident	Florid S TO OFFICERS	a Department	of Sta	ite
10.	ue by September 6, 2006	Trust Fund C	11.	Pres Char	Added to Fees  DDITIONS/CHANGE ident les Harkala Aveue L N.	Florid S TO OFFICERS a.	S AND DIRECTO	of Sta	ate 10
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	ue by September 6, 2006	Trust Fund C	Ontribution.  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE	Pres Char 652 Wint	Added to Fees  DDITIONS/CHANGE ident les Harkala Aveue L N.V er Haven, J President	Florid S TO OFFICERS 3 W. FL 3384	S AND DIRECTO	of Sta DRS IN nange	ate 10
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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.

| GNATURE: | Charles Harkala 7/19/06 (863) 899-0646

SIGNATURE: \_

KAL' Nayle Charles Harkala 7/19/06
ATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR