

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002926

FILED
Apr 15, 2008
Secretary of State

Entity Name: CORINTHIAN COMMUNITY CHRISTIAN CENTER, INC.

Current Principal Place of Business:

5040 DONNYBROOK AVENUE
JACKSONVILLE, FL 32208

New Principal Place of Business:

Current Mailing Address:

5040 DONNYBROOK AVENUE
JACKSONVILLE, FL 32208

New Mailing Address:

FEI Number: 76-0784288

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, TORRENCE
5040 DONNYBROOK AVENUE
JACKSONVILLE, FL 32208 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: PSD () Delete
Name: JOHNSON, TORRENCE PASTOR
Address: 5040 DONNYBROOK AVENUE
City-St-Zip: JACKSONVILLE, FL 32208

Title: VD () Delete
Name: JONES, VIRGIL SR.
Address: 7578 NEW KINGS ROAD
City-St-Zip: JACKSONVILLE, FL 32219

Title: VTD (X) Delete
Name: JOHNSON, DIA
Address: 5040 DONNYBROOK AVENUE
City-St-Zip: JACKSONVILLE, FL 32208

Title: D (X) Delete
Name: KING, WILLIE
Address: 881 CHAMLET LN
City-St-Zip: JACKSONVILLE, FL 32218

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VTD (X) Change () Addition
Name: JOHNSON, DIA
Address: 5040 DONNYBROOK AVENUE
City-St-Zip: JACKSONVILLE, FL 32208

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

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: TORRENCE JOHNSON

PSD

04/15/2008

Electronic Signature of Signing Officer or Director

Date