2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006
Secretary of State

DOCUMENT# N05000006063

Entity Name: CHRISTOPHER'S COMMUNITY, INC.

Current Principal Place of Business:

2430 SUNDANCER DRIVE
CLEARWATER, FL 33759 US

New Principal Place of Business:

Current Mailing Address:

2430 SUNDANCER DRIVE
CLEARWATER, FL 33759 US

New Mailing Address:

FEI Number: 20-3166168 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WIECHMANN, TRACIE
2430 SUNDANCER ROAD
CLEARWATER, FL 33759 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:	P	( ) Delete
Name:	WIECHMANN, TRACIE	
Address:	2430 SUNDANCER DRIVE	
City-St-Zip:	CLEARWATER, FL 33759 US	
Title:	S, D	( ) Delete
Name:	JOHNSON, PATRICIA G	
Address:	461 WATERFORD CIRCLE EAST	
City-St-Zip:	TARPON SPRINGS, FL 34688 US	
Title:	VP	( ) Delete
Name:	MENENDEZ, DENISE F	
Address:	4945 WEST BREEZE CIRCLE	
City-St-Zip:	PALM HARBOR, FL 34683 US	
Title:	D	( ) Delete
Name:	ROBSON, LORI	
Address:	5035 CROSS POINTE DRIVE	
City-St-Zip:	OLDSMAR, FL 34677 US	
Title:	D	( ) Delete
Name:	MOORES, SUE	
Address:	840 CYPRESS LAKES BLVD.	
City-St-Zip:	TARPON SPRINGS, FL 34689 US	
Title:	D	( ) Delete
Name:	TRACIE, WIECHMANN	
Address:	2430 SUNDANCER DRIVE	
City-St-Zip:	CLEARWATER, FL 33759 US	

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:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	COLEEN, KILEY	
Address:	100 CARLYLE DR	
City-St-Zip:	PALM HARBOR, FL 34683 US	

I hereby certify that the information supplied with this filing does not qualify for the 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: PATRICIA G. JOHNSON D 04/26/2006

Electronic Signature of Signing Officer or Director — Date