## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000006063

Entity Name: CHRISTOPHER'S COMMUNITY, INC.

FILED Mar 14, 2008 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:
	DANCER DRIVE ATER, FL 33759 US	334 EASTLAKE RD. #234 PALM HARBOR, FL 34685 US
Current M	lailing Address:	New Mailing Address:
	LAKE RD. #234 RBOR, FL 34685 US	
FEI Number:	: 20-3166168 FEI Number Applied For (	FEI Number Not Applicable ( ) Certificate of Status Desired ( )
Name and	Address of Current Registered Agen	t: Name and Address of New Registered Agent:
2430 SUN	NN, TRACIE DANCER ROAD ATER, FL 33759 US	WIECHMANN, TRACIE 334 EASTLAKE RD. #234 PALM HARBOR, FL 34685 US
The above in the State	named entity submits this statement for e of Florida.	the purpose of changing its registered office or registered agent, or both,
SIGNATUR	RE:	03/14/2008
	Electronic Signature of Registered	Agent Date
OFFICERS	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
Title: Name: Address: City-St-Zip:	D ( ) Delete ROBSON, LORI 5035 CROSS POINTE DR. OLDSMAR, FL 34677 US	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	D ( ) Delete MOORES, SUE 840 CYPRESS LAKES BLVD. TARPON SPRINGS, FL 34689 US	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	D ( ) Delete JOHNSON, PATRICIA G 461 WATERFORD CIRCLE E TARPON SPRINGS, FL 34688 US	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	D ( ) Delete WIECHMANN, TRACIE 2430 SUNDANCER DR. CLEARWATER, FL 33759 US	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	D ( ) Delete ROBSON, LORI 5035 CROSS POINTE DRIVE OLDSMAR, FL 34677	Title: D (X) Change ( ) Addition Name: MENENDEZ, DENISE Address: 4945 WEST BREEZE CIRCLE City-St-Zip: PALM HARBOR, FL 34683
Title: Name: Address: City-St-Zip:	( ) Delete	Title: D () Change (X) Addition Name: KILEY, COLEEN Address: 100 CARLYLE DR. City-St-Zip: PALM HARBOR, FL 34683

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: PATRICIA G JOHNSON D 03/14/2008