# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 05, 2008 8:00 am**
**Secretary of State**
03-05-2008 90031 029 ****61.25

DOCUMENT # N05000008690

1. Entity Name
CHRIST COMMUNITY CHURCH - EFCA, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 121 NW 3RD STREET<br>OCALA, FL 34475 | 121 NW 3RD STREET<br>OCALA, FL 34475 |

02292008 Chg-NP CR2E037 (12/06)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 20-3415174 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| SIMONS, JOHN S<br>121 NW 3RD STREET<br>OCALA, FL 34475 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City **FL** Zip Code |

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is $61.25**
**Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>LEHMAN, ROSS<br>3110 SE 41ST PLACE<br>OCALA, FL 34480 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>REYNOLDS, ROB<br>9050 SW 9th TERRACE<br>OCALA, FL 34476 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>REYNOLDS, BOB<br>43 WINTERGREEN WAY<br>OCALA, FL 34482 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>FOLK, JIM<br>1502 SE 42nd AVENUE<br>OCALA, FL 34471 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>REYNOLDS, ROB<br>43 WINTERGREEY WAY<br>OCALA, FL 34482 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>McDONALD, BARTOW<br>12250 SE HWY 25A<br>OCKLAWAHA, FL 32179 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ST<br>SIMONS, LYNN<br>1063 SE 56TH CT<br>OCALA, FL 34471 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>VADNAIS, CHUCK<br>3051 SW 95th AVE. RD., BOX 10<br>OCALA, FL 34481 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>WHITEHEAD, KEN<br>2413 SE 22nd PLACE<br>OCALA, FL 34471 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>SIMONS, JOHN<br>1063 SE 56th CT<br>OCALA, FL 34471 | ☐ Change ☒ Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

**SIGNATURE:** _____ 2/29/2008 352-732-8944
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #