

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 06, 2006 8:00 am
Secretary of State

09-06-2006 90036 043 ****61.25

DOCUMENT # N05000009687



1. Entity Name
**CHRISTIAN COMMUNITY FOUNDATION OF CENTRAL
FLORIDA, INC.**

Principal Place of Business
**315 SWEETWATER BLVD., NORTH
LONGWOOD, FL 32779**

Mailing Address
**315 SWEETWATER BLVD., NORTH
LONGWOOD, FL 32779**

40106000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05162006 Chg-NP CR2E037 (4/06)

City & State

City & State

4. FEI Number
33-1141328

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**STEAR, WILLIAM L
315 SWEETWATER BLVD., NORTH
LONGWOOD, FL 32779**

Name

Street Address (P.O. Box Number is Not Acceptable)

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 6, 2006**

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

TITLE **D** ☐ Delete
NAME **STEAR, WILLIAM L**
STREET ADDRESS **315 SWEETWATER BLVD., NORTH**
CITY-ST-ZIP **LONGWOOD, FL 32779**

TITLE **D** ☐ Delete
NAME **HAYES, KATIE**
STREET ADDRESS **309 MCCOY VILLAGE COURT**
CITY-ST-ZIP **APOPKA, FL 32712**

TITLE **D** ☐ Delete
NAME **STEAR, KATHY**
STREET ADDRESS **315 SWEETWATER BLVD., NORTH**
CITY-ST-ZIP **LONGWOOD, FL 32779**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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 a power like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-31-06

407-774-1469

Date

Daytime Phone #