

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011620

FILED
May 24, 2009
Secretary of State

Entity Name: CORAL CREEK COMMUNITY CHURCH, INC.

Current Principal Place of Business:

6372 NW 36 AVE
COCONUT CREEK, FL 33073

New Principal Place of Business:

Current Mailing Address:

6372 NW 36 AVE
COCONUT CREEK, FL 33073

New Mailing Address:

FEI Number: 20-4007264 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MAYFIELD, JAMES O II
6372 NW 36 AVE
COCONUT CREEK, FL 33073 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: CEO () Delete
Name: MAYFIELD, JAMES O II
Address: 6372 NW 36 AVE
City-St-Zip: COCONUT CREEK, FL 33073

Title: P () Delete
Name: MAYFIELD, JAMES O II
Address: 6372 NW 36 AVE
City-St-Zip: COCONUT CREEK, FL 33073

Title: CFO () Delete
Name: MAYFIELD, SHARON D
Address: 6372 NW 36 AVE
City-St-Zip: COCONUT CREEK, FL 33073

Title: S () Delete
Name: BRAHN, VERA
Address: 13 DEVONSHIRE CT
City-St-Zip: SICKLERVILLE, NJ 08081

Title: D () Delete
Name: LEE, GRACE H MS
Address: 8001 FAIRVIEW DRIVE #106
City-St-Zip: TAMARAC, FL 33321

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:

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: JAMES O. MAYFIELD

P

05/24/2009

Electronic Signature of Signing Officer or Director

Date