

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005528

FILED  
Jan 11, 2007  
Secretary of State

**Entity Name:** CHRISTIAN COMMUNITY CARE CENTER, INC

**Current Principal Place of Business:**

3337 SE SALERNO RD  
STUART, FL 34997

**New Principal Place of Business:**

**Current Mailing Address:**

3337 SE SALERNO RD  
STUART, FL 34997

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

IGLESIA BAUTISTA JESUCRISTO EL CAMINO, INC  
3337 SE SALERNO RD  
STUART, FL 34997    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: D                      ( ) Delete  
Name: BENITEZ, MANUEL  
Address: 309 NW CURTIS ST  
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: D                      ( ) Delete  
Name: IZQUIERDO, ANGEL  
Address: 3337 SE SALERNO RD  
City-St-Zip: STUART, FL 34997

Title: D                      ( ) Delete  
Name: DAVIS, JODY  
Address: 777 SE SALERNO RD  
City-St-Zip: STUART, FL 34997

Title: D                      ( ) Delete  
Name: WARREN, ALFRED B  
Address: CHAPMAN WAY, UNIT 308  
City-St-Zip: PALM CITY, FL 34990

Title: D                      ( ) Delete  
Name: FIELDER, LEE  
Address: 1718 SW BUCKSKIN TRAIL  
City-St-Zip: STUART, FL 34997

**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 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: MANUEL BENITEZ

D

01/11/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date