

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010619

FILED  
Jan 31, 2008  
Secretary of State

Entity Name: CHRISTIAN COMMUNITY FAITH MINISTRIES, INC

**Current Principal Place of Business:**

2052 NW 49 AVE.  
LAUDERHILL, FL 33313

**New Principal Place of Business:**

**Current Mailing Address:**

2052 NW 49 AVE.  
LAUDERHILL, FL 33313

**New Mailing Address:**

FEI Number: 06-1830089

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

PORTER, CLIVE A. BISHOP  
12344 NW 26TH AVE.  
CORAL SPRINGS, FL 33065 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: DP ( ) Delete  
Name: PORTER, CLIVE A. SR.  
Address: 12344 NW 26 AVE.  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: D ( ) Delete  
Name: WALTERS, SANDRA  
Address: 3860 NW 102 AVE.  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: O ( ) Delete  
Name: LEWIS, RAYMOND  
Address: 4115 NW 48 AVE.  
City-St-Zip: LAUDERDALE LAKES, FL 33319

Title: O (X) Delete  
Name: SMITH, THELMORE  
Address: 2431 NW 98 AVE.  
City-St-Zip: SUNRISE, FL 33322

Title: O (X) Delete  
Name: SHAW, CHARLES  
Address: 7800 SUNSET STRIP  
City-St-Zip: SUNRISE, FL 33322

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: PORTER, CLIVE A. SR.  
Address: 12344 NW 26 ST.  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: SECR (X) Change ( ) Addition  
Name: NEVERS, NOVELETTE  
Address: 6189-A PINE TREE LANE  
City-St-Zip: TAMARAC, FL 33319

Title: VP (X) Change ( ) Addition  
Name: PORTER, SHARON  
Address: 12344 NW 26TH ST  
City-St-Zip: CORAL SPRINGS, FL 33065

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: CLIVE A. PORTER

DP

01/31/2008

Electronic Signature of Signing Officer or Director

Date