

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008746

FILED  
Sep 02, 2008  
Secretary of State

Entity Name: THE CHRISTIAN CONNECTION CARE INC.

**Current Principal Place of Business:**

7004 TAMARACK DR.  
TAMPA, FL 33637

**New Principal Place of Business:**

**Current Mailing Address:**

7004 TAMARACK DR.  
TAMPA, FL 33637

**New Mailing Address:**

FEI Number: 75-3236503      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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:**

SMITH, MAHALEKA  
7506 CENTRAL PARK CIR.  
TAMPA, FL 33637      US

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

SMITH, MAHALEKA  
7004 TAMARACK DRIVE  
TAMPA, FL 33637      US

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: MAHALEKA SMITH

09/02/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: SMITH, MAHALEKA  
Address: 7506 CENTRAL PARK CIR.  
City-St-Zip: TAMPA, FL 33637

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

Title: P      (X) Change ( ) Addition  
Name: SMITH, MAHALEKA  
Address: 7004 TAMARACK DRIVE  
City-St-Zip: TAMPA, FL 33637

Title: D      ( ) Change (X) Addition  
Name: LONG, TANIKA R  
Address: 7221 CHADBOURNE DRIVE  
City-St-Zip: NEW ORLEANS, LA 70126 US

Title: D      ( ) Change (X) Addition  
Name: OUTLAW, DESHANNA M  
Address: 241 CLERMONT AVE  
City-St-Zip: BROOKLYN, NY 11205 US

Title: D      ( ) Change (X) Addition  
Name: SCOTT, JACQUELINE R  
Address: 1545 WEST CHESTNUT ST.  
City-St-Zip: TAMPA, FL 33607 US

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: MAHALEKA SMITH

P

09/02/2008

Electronic Signature of Signing Officer or Director

Date