2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000012168

FILED Mar 23, 2009 Secretary of State

Entity Name: COMMUNITY CHRISTIAN LEARNING CTN CORP.

Current Principal Place of Business: New Principal Place of Business:

INTERLACHEN, FL 32148 US

Current Mailing Address: New Mailing Address:

1139 SR 20 PO BOX 63

INTERLACHEN, FL 32148 US

FEI Number: 26-1623887 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

PFLEGER, LOUIS PFLEGER, LOUIS

114 PINE ST 13709 SUMMERPORT VILLAGE PARKWAY

INTERLACHEN, FL 32148 WINDERMERE, FL 34786 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: 03/23/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

PFLEGER, LOUIS PFLEGER, LOUIS Name: Name:

114 PINE ST Address: 13709 SUMMERPORT VILLAGE PARKWAY Address:

City-St-Zip: INTERLACHEN, FL 32148 FL City-St-Zip: WINDERMERE, FL 34786 FL

Title: Title: (X) Change () Addition () Delete

Name: PFLEGER, LOUIS D JR Name: PFLEGER, LOUIS D JR

Address: 107 TEMPEST Address: 806 SR 20

City-St-Zip: INTERLACHEN, FL 32148 US City-St-Zip: INTERLACHEN, FL 32148 US

Title: SECT () Delete Title: SECT (X) Change () Addition PFLEGER, ANN Name: PFLEGER, ANN Name:

13709 SUMMERPORT VILLAGE PARKWAY Address: **114 PINE** Address:

City-St-Zip: INTERLACHEN, FL 32148 US City-St-Zip: WINDERMERE, FL 34786 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: LOUIS PFLEGER **PRES** 03/23/2009