2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07044

FILED Feb 11, 2009 Secretary of State

Entity Name: COMMUNITY CONGREGATIONAL CHURCH ON THE GULF, INC.

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

15300 N TAMIAMI TRAIL NAPLES, FL 34110

Current Mailing Address: New Mailing Address:

15300 N TAMIAMI TRAIL NAPLES, FL 34110

FEI Number: 59-2520944 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

DOUGLAS DEAVERS FINANCIAL SERVICES 3820 VIA DEL REY BONITA SPRINGS, FL 34134 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:

Flateria Circulus of Business I Asset

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 D/C
 () Delete
 Title:
 D/C
 (X) Change () Addition

 Name:
 DOUGLAS, DEAVERS MR
 Name:
 GEORGE, RIDDLE MR

 Address:
 1823 PRINCESS COURT
 Address:
 26347 WILLIAMSBURGH DRIVE

 City-St-Zip:
 NAPLES, FL 34110
 City-St-Zip:
 BONITA SPRINGS, FL 34135

Title: D/VC () Delete Title: D/VC (X) Change () Addition
Name: PETER, LENGEMANN MR Name: DEAN, MCMURRAY MR
Address: 14005 STEPLING CAKE DRIVE

Address: 148 CHESHIRE WAY Address: 14995 STERLING OAKS DRIVE City-St-Zip: NAPLES, FL 34110 City-St-Zip: NAPLES, FL 34110

Title: D/T () Delete Title: () Change () Addition

 Name:
 WILLIAM, WHITNEY MR
 Name:

 Address:
 1568 WHISPERING OAKS CIRCLE
 Address:

 City-St-Zip:
 NAPLES, FL 34110
 City-St-Zip:

Title: D/S () Delete Title: D/S (X) Change () Addition JEANNETTE, OLDLAND MRS Name: GLEN, SPARESUS MR Name: 6291 BELLERIVE AVENUE Address: Address: 24680 PARADISE ROAD City-St-Zip: NAPLES, FL 34119 City-St-Zip: BONITA SPRINGS, FL 34135

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: WILLIAM N. WHITNEY D/T 02/11/2009