## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07715

Entity Name: CHRISTIAN CARE CENTER, INC.

FILED Apr 17, 2009 Secretary of State

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

115 N 13TH ST

LEESBURG, FL 34748 US

Current Mailing Address: New Mailing Address:

115 N 13TH ST

LEESBURG, FL 34748 US

FEI Number: 59-2790823 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:

LOGAN, JACK PRES
32627 WHITNEY RD
32637 WHITNEY RD
LEESPING EL 24748 LIS

LEESBURG, FL 34748 US LEESBURG, FL 34748 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: JACK LOGAN, PRES 04/17/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 MILLER, ANNA LEE
 Name:
 GOODWIN, DONNA

 Address:
 1320 LEE CT
 Address:
 2902 SOUTH ST

City-St-Zip: LEESBURG, FL 34788 City-St-Zip: LEESBURG, FL 34748 US

Title: P ( ) Delete Title: P (X) Change ( ) Addition Name: LOGAN, JACK Name: LOGAN, JACK

 Address:
 32637 WHITNEY RD
 Address:
 32637 WHITNEY RD

 City-St-Zip:
 KISSIMMEE, FL 347448
 City-St-Zip:
 LEESBURG, FL 34748 US

 $\label{eq:title:v} \mbox{Title:} \qquad \mbox{V} \qquad \mbox{($X$) Change ($)$ Addition}$ 

 Name:
 FREITAG, LARRY
 Name:
 RAYL, JOE

 Address:
 POB 459
 Address:
 22129 N. AUSTIN MERRITT RD

Address: POB 459 Address: 22129 N. AUSTIN MERRITI RD City-St-Zip: FRUITLAND PARK, FL 34731 City-St-Zip: GROVELAND, FL 34736 US

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

 Name:
 Name:
 HARPER, RICK

 Address:
 Address:
 36526 TRIPP CT

City-St-Zip: City-St-Zip: FRUITLAND PARK, FL 34731 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: JACK LOGAN PRES 04/17/2009