2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2009
Secretary of State

DOCUMENT# N29784

Entity Name: CENTRAL COMMUNITY CHURCH, INC.

Current Principal Place of Business:

300 TUCKER LANE
COCOA, FL 32926

New Principal Place of Business:

Current Mailing Address:

300 TUCKER LANE
COCOA, FL 32926

New Mailing Address:

FEI Number: 59-2964873 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ALONSO, RANDY
300 TUCKER LANE
COCOA, FL 32926 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: VD ( ) Delete
Name: ALONSO, RANDY
Address: 1970 WEST BARTON BLVD
City-St-Zip: ROCKLEDGE, FL 32955

Title: SD ( ) Delete
Name: MOORE, HAL
Address: 322 SCENIC DRIVE
City-St-Zip: COCOA, FL 32926

Title: PD ( ) Delete
Name: LAMB, LARRY
Address: 1310 PEPPERTREE LN
City-St-Zip: ROCKLEDGE, FL 32955

Title: T ( ) Delete
Name: DEWEESE, WILFORD
Address: 3905 GAIL BLVD
City-St-Zip: WEST MELBOURNE, FL 32904

Title: D ( ) Delete
Name: BOESEMAN, JAMES
Address: 866 BROOKVIEW LN
City-St-Zip: ROCKLEDGE, FL 32955

Title: D (X) Delete
Name: HOLLOWAY, STEVEN
Address: 3434 LOST CANYON PLACE
City-St-Zip: COCOA, FL 32926

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change ( ) Addition
Name: HOLLOWAY, STEVE
Address: 3434 LOST CANYON PLACE
City-St-Zip: COCOA, FL 32926

Title: D (X) Change ( ) Addition
Name: LEHRFELD, MICHAEL
Address: 2290 BRIDGEPORT CIRCLE
City-St-Zip: ROCKLEDGE, FL 32955

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: RANDY ALONSO VD 01/06/2009

Electronic Signature of Signing Officer or Director — Date