

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35317

FILED  
Apr 30, 2007  
Secretary of State

**Entity Name:** COMMUNITY CHRISTIAN CHURCH OF BARTOW, INC.

**Current Principal Place of Business:**

820 W. STUART STREET  
BARTOW, FL 33830 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 227  
BARTOW, FL 338310227 US

**New Mailing Address:**

**FEI Number:** 59-2980275

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TILLMAN, RHONDA K.  
1195 MAPLE AVE.  
BARTOW, FL 33830 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: PD ( ) Delete  
Name: TILLMAN, JAMES  
Address: 1195 MAPLE AVE.  
City-St-Zip: BARTOW, FL

Title: VD ( ) Delete  
Name: FIELDER, BRIAN  
Address: 7996 STATE ROAD 60, EAST  
City-St-Zip: BARTOW, FL

Title: TD ( ) Delete  
Name: TILLMAN, RHONDA K.  
Address: 1195 MAPLE AVE.  
City-St-Zip: BARTOW, FL

Title: SD ( ) Delete  
Name: FIELDER, LINDA  
Address: 7996 STATE ROAD 60, EAST  
City-St-Zip: BARTOW, FL

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

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

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: RHONDA K. TILLMAN

TD

04/30/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date