

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39679

FILED
Apr 24, 2006
Secretary of State

Entity Name: CHRIST COMMUNITY PRESBYTERIAN CHURCH OF PINELLAS, INC.

Current Principal Place of Business:

2310 NURSERY RD
CLEARWATER, FL 33764 US

New Principal Place of Business:

Current Mailing Address:

2310 NURSERY RD
CLEARWATER, FL 33764 US

New Mailing Address:

FEI Number: 59-3026659

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARTER, ROBERT D
2310 NURSERY RD
CLEARWATER, FL 33764 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: DP () Delete
Name: HALBACH, SCOTT
Address: 3180 ENTERPRISE RD
City-St-Zip: SAFETY HARBOR, FL 34695

Title: DV () Delete
Name: HARCOURT, CAMERON
Address: 922 PINELLAS ST
City-St-Zip: CLEARWATER, FL 33756

Title: DS () Delete
Name: COLLINS, LORI
Address: 13796 TERN LANE
City-St-Zip: CLEARWATER, FL 33762

Title: DT (X) Delete
Name: CARTER, ROBERT
Address: 7208 AMHURST WAY
City-St-Zip: CLEARWATER, FL 33764

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: WILLIAMS, JOHN
Address: 1133 STEPHEN FOSTER DR
City-St-Zip: LARGO, FL 33771

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 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: LORI COLLINS

DS

04/24/2006

Electronic Signature of Signing Officer or Director

Date