

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39922

FILED  
Jul 09, 2008  
Secretary of State

**Entity Name:** CHRIST COMMUNITY CHURCH OF THE CHRISTIAN AND MISSIONARY ALLIANCE OF BRADENTON, INCORPORATED

**Current Principal Place of Business:**

1803 57TH AVENUE W.  
BRADENTON, FL 34207

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 10068  
BRADENTON, FL 34282

**New Mailing Address:**

**FEI Number:** 23-7178655      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

HUNTER, REV. JERRY W  
5619 19TH ST. W.  
BRADENTON, FL 34207      US

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

ALFORD, DR. PAUL L  
5619 19TH ST. W.  
BRADENTON, FL 34207      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: DR. PAUL L. ALFORD

07/09/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP      ( ) Delete  
Name: HUNTER, REV. JERRY W  
Address: 5619 19TH STREET W.  
City-St-Zip: BRADENTON, FL 34207

Title: DT      ( ) Delete  
Name: LITTON, PAULA A  
Address: 3707 QUAIL HOLLOW PL  
City-St-Zip: BRADENTON, FL 34210

Title: DS      ( ) Delete  
Name: SHAFFER, SHAW-MARIE H  
Address: 5522 19TH STREET WEST  
City-St-Zip: BRADENTON, FL 34207

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

Title: DP      (X) Change ( ) Addition  
Name: ALFORD, DR. PAUL L  
Address: 5619 19TH STREET W.  
City-St-Zip: BRADENTON, FL 34207

Title: DT      (X) Change ( ) Addition  
Name: BUCHIN, MURIEL  
Address: 756 MELODY LANE  
City-St-Zip: BRADENTON, FL 34207

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: DR. PAUL L. ALFORD

DP

07/09/2008

Electronic Signature of Signing Officer or Director

Date