2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# N39922

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 (X)**

Name and Address of Current Registered Agent:

ALFORD, DR. PAUL L
5619 19TH ST. W.
BRADENTON, FL 34207 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:	ALFORD, DR. PAUL L	
Address:	5619 19TH STREET W.	
City-St-Zip:	BRADENTON, FL 34207	
Title:	DT	( ) Delete
Name:	BUCHIN, MURIEL	
Address:	756 MELODY LANE	
City-St-Zip:	BRADENTON, FL 34207	
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:	( ) 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: DR. PAUL L. ALFORD DP 04/16/2009

Electronic Signature of Signing Officer or Director — Date