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May 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N46318** (4)

1. Corporation Name

COMMUNITY CHRISTIAN CENTER MINISTRIES, INC.

d/b/a HOPE ASSEMBLY OF GOD

Principal Place of Business

Mailing Address

8555 S. U.S. 1
PORT ST LUCIE FL 34952
US

8555 S. U.S. 1
PORT ST LUCIE FL 34952-3347
US



2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 12/05/1991	3a. Date of Last Report 04/10/1996
4. FEI Number 65-0284628	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~CAMPBELL, C.J.~~
8555 S. U.S. 1
PORT ST LUCIE FL 34952

81 Name Olive, Michael E
82 Street Address (P.O. Box Number is Not Acceptable) 8555 S. U.S. 1
83
84 City Port St Lucie
85 State FL
86 Zip Code 34952

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **Michael E. Olive (PD)**
Signature, typed or printed name of registered agent and title if applicable.

Mike Olive
(NOTE: Registered Agent signature required when reinstating)

4/21/97
DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	CAMPBELL, C J
STREET ADDRESS	2311 S.W. FREEMAN ST
CITY - ST - ZIP	PORT ST LUCIE FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	RUSTIN, CHARLES
STREET ADDRESS	2542 SW McDONALD ST.
CITY - ST - ZIP	PORT ST. LUCIE FL 34953
TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	SMILEY, GARY
STREET ADDRESS	5655 EVANS STREET
CITY - ST - ZIP	STUART FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	OLIVE, MIKE
1.3 STREET ADDRESS	1062 SW SUKTAN DR
1.4 CITY - ST - ZIP	PORT ST. LUCIE, FL 34953
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SCHMIDT, JOHN C.
3.3 STREET ADDRESS	273 SE EYERLY AVE
3.4 CITY - ST - ZIP	PORT ST. LUCIE, FL 34983
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **SIGNATURE REQUIRED** **4-21-97** **561-878-4970**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0071048

CR2E037 (9/96)