


FILE NOW: FILING FEE IS \$61.25

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May 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N46318** (4)  
1. Corporation Name  
**COMMUNITY CHRISTIAN CENTER MINISTRIES, INC.**

Principal Place of Business <b>8555 S. U.S. 1 PORT ST LUCIE FL 34952 US</b>	Mailing Address <b>8555 S. U.S. 1 PORT ST LUCIE FL 34952 US</b>
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3. Date Incorporated or Qualified <b>12/05/1991</b>	4. FEI Number <b>65-0284628</b>	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business <b>21 1984 SW Biltmore St.</b> Suite, Apt. #, etc. <b>22 #120</b> City & State <b>23 Port St. Lucie, FL</b> Zip <b>24 34984</b>	2a. Mailing Address <b>26 1984 SW Biltmore St.</b> Suite, Apt. #, etc. <b>27 #120</b> City & State <b>28 Port St. Lucie, FL</b> Zip <b>29 34984</b>
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>OLIVE, MICHAEL E. 8555 S. U.S. 1 PORT ST LUCIE FL 34952</b>	10. Name and Address of New Registered Agent <b>81 Name</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>1984 SW Biltmore St.</b> <b>83 #120</b> <b>84 City</b> <b>Port St. Lucie</b> <b>FL</b> <b>85 Zip Code</b> <b>34984</b>
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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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	OLIVE, MICHAEL E	1.2 NAME	
STREET ADDRESS	1082 SW SULTAN DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST LUCIE FL 34953	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	
NAME	RUSTIN, CHARLES	2.2 NAME	
STREET ADDRESS	2542 SW McDONALD ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE FL 34953	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	
NAME	SCHMIDT, JOHN C	3.2 NAME	
STREET ADDRESS	273 SE EYERLY AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST LUCIE FL 34983	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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]* JOHN C SCHMIDT, TD

4/22/98 561-878-4970

CR2E037 (10/97)