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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N46318**

1. Corporation Name
COMMUNITY CHRISTIAN CENTER MINISTRIES, INC.

Principal Place of Business	Mailing Address
~~1984 S W BILTMORE ST~~ ~~#120~~ ~~PT ST LUCIE FL 34984~~ ~~US~~	~~1984 S W BILTMORE ST~~ ~~#120~~ ~~PT ST LUCIE FL 34984~~ US

2. Principal Place of Business	2a. Mailing Address
21 1955 SW South Macedo Blvd	26 PO Box 7159
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Port St. Lucie, FL	City & State 28 Port St. Lucie, FL
Zip 24 34984 Country 25 US	Zip 29 34985-7159 Country 30 US

3. Date Incorporated or Qualified: 12/05/1991

4. FEI Number: 65-0284628 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

~~OLIVE, MICHAEL E.~~
~~1984 S W BILTMORE ST, #120~~
~~PT ST LUCIE FL 34984~~
1062 SW SULTAN DR
PORT ST. LUCIE, FL 34953

10. Name and Address of New Registered Agent

81 Name Olive, Michael E.
82 Street Address (P.O. Box Number is Not Acceptable) ~~PO Box 7159~~
83 34953
84 City Port St Lucie FL 85 Zip Code ~~34985-7159~~

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 3-1-99
Signature, type 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	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	OLIVE, MICHAEL E		1.2 NAME		
STREET ADDRESS	1062 SW SULTAN DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	PORT ST LUCIE FL 34953		1.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
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	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SCHMIDT, JOHN C		3.2 NAME		
STREET ADDRESS	273 SE EYERLY AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	PORT ST LUCE FL 34983		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: ~~John C Schmidt~~ REQUIRED John C Schmidt, TD 3/1/99 561-878-9673
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #