

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 19, 2001 8:00 am**  
**Secretary of State**

02-19-2001 90052 008 \*\*\*\*\*70.00

**DOCUMENT # N46386**

1. Entity Name

**COMMUNITY CHRISTIAN CHURCH OF SEBRING, INC.**

Principal Place of Business

Mailing Address

**COMMUNITY CHRISTIAN CHURCH  
 3003 NEW LIFE WAY  
 SEBRING FL 33872  
 US**

**COMMUNITY CHRISTIAN CHURCH  
 3003 NEW LIFE WAY  
 SEBRING FL 33872  
 US**

2. Principal Place of Business

3. Mailing Address

**Community Christian Church Community Christian Church**

Suite, Apt. #, etc.  
**3003 New Life Way**

Suite, Apt. #, etc.  
**3003 New Life Way**

City & State  
**Sebring, Florida**

City & State  
**Sebring, Florida**

4. FEI Number  
**59-3101846**

Applied For  
 Not Applicable

Zip Country  
**33872-3357 USA**

Zip Country  
**33872-3357 USA**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**YOUNG, CARLTON  
 3804 CANTORIA AVE  
 SEBRING FL 33872**

Name

**Don Myers**

Street Address (P.O. Box Number is Not Acceptable)

**7808 Granada**

**Sebring, Florida**

City

**FL**

Zip Code

**33872-8008**

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**2-13-01**

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>YOUNG, CARLTON</b> <b>3804 CANTORIA AVE</b> <b>SEBRING FL 33872</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PERRY, CHARLES</b> <b>345 3RD AVE</b> <b>LAKE PLACID FL 33852</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CONNELLY, RICK</b> <b>509 MARAVILLA</b> <b>SEBRING FL 33872</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CARNES, RONALD</b> <b>4240 LAKE VISTA DRIVE</b> <b>SEBRING FL 33872</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Robert Bernhardt</b> <b>3120 Whatley Blvd</b> <b>Sebring, Florida 33872</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Don Myers</b> <b>7808 Granada</b> <b>Sebring, Florida 33876</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Tom Balser</b> <b>4310 Vantage Circle</b> <b>Sebring, Florida 33872</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/13/01**  
 Date

**863-655-6514**  
 Daytime Phone #

CR2E037 (10/00)