

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2002 8:00 am
Secretary of State
 05-10-2002 90019 045 ****61.25

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3101846

Applied For

☒ Not Applicable

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

**MYERS, DON
 7808 GRANADA
 SEBRING FL 33870-6008**

Name

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

City

FL

Zip Code

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 DON MYERS

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

(NOTE: Registered Agent signature required when reinstating)

4/22/02
 DATE

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	D	<input checked="" type="checkbox"/> Delete
NAME	BERNHARDY, ROBERT	
STREET ADDRESS	3120 WHATLEY BLVD	
CITY-ST-ZIP	SEBRING FL 33872	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PERRY, CHARLES	
STREET ADDRESS	345 3RD AVE	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE	D	<input type="checkbox"/> Delete
NAME	MYERS, DON	
STREET ADDRESS	7808 GRANADA	
CITY-ST-ZIP	SEBRING FL 33876	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BALSER, TOM	
STREET ADDRESS	4310 VANTAGE CIRCLE	
CITY-ST-ZIP	SEBRING FL 33872	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	RIEK CONNELLEY Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	509 MARVELLA	
STREET ADDRESS	SEBRING, FL 33872	
CITY-ST-ZIP		
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALLAN DETWILER	
STREET ADDRESS	483 CIRCLE DR	
CITY-ST-ZIP	WAUCHULA, FL 33873	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: RIEK CONNELLEY
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/02 (863) 471-1236
 Date Daytime Phone #

CR2E037 (9/01)