

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

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95 MAY -1 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N50657** (8)

1. Corporation Name

CHRIST COMMUNITY CHURCH, INC.

Principal Place of Business

Mailing Address

7804 SNOWBERRY CIRCLE
ORLANDO FL 32819

7804 SNOWBERRY CIRCLE
ORLANDO FL 32819

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified **09/01/1992** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-3146879** 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**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S 199.032, Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 Suite, Apt #, etc

22 City & State

27 City & State

23 City & State

28 City & State

24 City & State

29 City & State

25 City & State

30 City & State

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WIGGINTON, THOMAS O.
709 PIPKIN ROAD
LAKELAND FL 33813**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Thomas O. Wigginton

4/30/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS CHANGE S TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	HENDERSON, KEITH
STREET ADDRESS	7804 SNOWBERRY CIR
CITY ST ZIP	ORLANDO FL 32819
TITLE	VD
NAME	SMITH, GREGOR
STREET ADDRESS	7890 CANYON LAKE CIR
CITY ST ZIP	ORLANDO FL 32835
TITLE	STD
NAME	HENDERSON, JULIE
STREET ADDRESS	7804 SNOWBERRY CIR
CITY ST ZIP	ORLANDO FL 32819
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
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11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	
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41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. Further, I 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: Keith W. Henderson **President**

5/1/95 407-290-3002

Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Keith W. Henderson