FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

SIGNATURE:

N93000001649 (3)

COMMUNITY CHURCH DEVELOPMENT CORPORATION

Principal Place of Business		Mailing Address				-
16990 SW 216 ST. GOULDS FL 33170 US		16990 SW 216 ST. GOULDS FL 33170 US			3. Date Incorporated or Qualified 04/13/1993 4. FEI Number Applied For	
						65-0411305 Not Applicable
2. Principal Pr	2a. Mailing Address				5. Certificate of Status Desired S8.75 Additional	
21		26				Fee Required
Suite, Apt. #, etc.		Suite, Apt. #, etc.	7			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
City & State		City & State	¬ '			7. Is this nonprofit corporation a homeowners association?
Zip Country		Zip				This corporation owes or has paid the current year Intangible
24	25	29	30	30		Personal Property Tax due June 30. Yes No
	9. Name and Address of Curre	nt Registered Agent		~1		10. Name and Address of New Registered Agent
				81	Name	
BERNECKER, DONALD				82	Street Addres	ss (P.O. Box Number is Not Acceptable)
16990 SW 216 ST GOULDS FL 33170			ŀ	83		
GOULUS) FL 33170		1			
			ļ	84	City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 617.0502 and 617.0508, 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 ag			Ager	nt signature required	
12.		ND DIRECTORS DELETE	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
NAME	D Bernecker, Donald	C) pereie	1.1 100 1.2 NA			
STREET ADORESS	cases that make the				ADDRESS	
CITY-ST-ZIP		GOULDS FL 140			- 1	
TITLE	D	DELETE	2 1 TIT			Change Addition
NAME	BENSON, DALE 2.		2.2 NA	ME		
STREET ADDRESS	17275 SW 256 ST		2.3 STREET ADDRESS		ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL	——————————————————————————————————————		2. 4 CITY-ST-ZIP		W 200
TITLE	D	☐ DELETE	3.1 TIT	-		☐ Change ☐ Addition
NAME			3.2 NA			
STREET ADDRESS	HALFATELD EL				ADDRESS	
CITY-ST-ZIP TITLE	D D	DELETE	3.4. CIT		71 - ZIP	Change Addition
NAME	BERNECKER, ROBERT	C 2344.14	4. 2 NA			
STREET ADDRESS	16961 SW 276 ST				ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL		4.4 CIT		1	
TITLE		DELETE	\$.1 T\T			☐ Change ☐ Addition
NAME	İ		5.2 NA	ME		
STREET ADDRESS			5.3 STREET ADDRESS		ADDRESS	
CITY-ST-ZIP	L <u></u>		5.4 CIT		T-ZIP	
TITLE	l l		6.1 TITI			☐ Change ☐ Addition
NAME			6.2 NAME			
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP	artify that the information europlied	with this filing dose not qualify	6.4 CIT			action 119 07/3Vi). Florida Statutar, Lighthar cartify that the information
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 suppliemental 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.						

Smild & Bennecher

MAL H. 1998

FILED

May 20 1998 8:00am

Secretary of State