2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT # N93000001649

1. Entity Name
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

DO NOT WRITE IN THIS SPACE

01072006 No Chg-NP CR2E037 (11/05)

4. FEI Number
65-0411305
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BERNECKER, DONALD
16990 SW 216 ST
GOULDS, FL 33170

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BERNECKER, DONALD
STREET ADDRESS	16990 SW 216 ST
CITY-ST-ZIP	GOULDS, FL
TITLE	D
NAME	BENSON, DALE
STREET ADDRESS	225 ERIC DRIVE
CITY-ST-ZIP	NAPLES, FL 34110
TITLE	D
NAME	BENSON, LUKE
STREET ADDRESS	21005 SW 232 ST
CITY-ST-ZIP	MIAMI, FL 33187
TITLE	D
NAME	BERNECKER, ROBERT
STREET ADDRESS	16961 SW 276 ST
CITY-ST-ZIP	HOMESTEAD, FL 33031
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/17/06-80009-002 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ Robert Bernecker 1/7/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #