

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N93000001649

1. Entity Name

COMMUNITY CHURCH DEVELOPMENT CORPORATION



Principal Place of Business

16990 SW 216 ST.
GOULDS, FL 33170 US

Mailing Address

16990 SW 216 ST.
GOULDS, FL 33170 US

FILED
Jul 31, 2008 08:00 AM
Secretary of State



07262008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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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IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by September 12, 2008

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 197 POLK PEACE DR
CITY-ST-ZIP FRANKLIN, TN 37064

TITLE D
NAME BENSON, LUKE
STREET ADDRESS 21005 SW 232 ST
CITY-ST-ZIP MIAMI, FL 33187

TITLE D
NAME BERNECKER, ROBERT
STREET ADDRESS 16900 SW 216 ST
CITY-ST-ZIP MIAMI, FL 33170

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000956738
07/31/08-80002-011 61.25

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IN THIS SPACE**

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:

Donald Bernecker Director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 29, 2008 305 242 9695
Date Daytime Phone #