2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001649

FILED Jan 23, 2009 Secretary of State

Entity Name: COMMUNITY CHURCH DEVELOPMENT CORPORATION

Current Principal Place of Business: New Principal Place of Business:

16990 SW 216 ST.
GOULDS, FL 33170 US 16990 SW 216 ST.
MIAMI, FL 33170 US

Current Mailing Address: New Mailing Address:

16990 SW 216 ST.
GOULDS, FL 33170 US 16990 SW 216 ST.
MIAMI, FL 33170 US

FEI Number: 65-0411305 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

 BERNECKER, DONALD
 BERNECKER, DONALD

 16990 SW 216 ST
 16990 SW 216 ST

 GOULDS, FL 33170 US
 MIAMI, FL 33170 US

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: 01/23/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: DPTS (X) Change () Addition Name: BERNECKER, DONALD Name: BERNECKER, DONALD

Name: BERNECKER, DONALD Name: BERNECKER, DONALD Address: 16990 SW 216 ST Address: 16990 SW 216 ST

City-St-Zip: GOULDS, FL City-St-Zip: MIAMI, FL

Title: D () Delete Title: D (X) Change () Addition Name: BENSON, DALE Name: MOWRY, LEONARD

 Name
 BENSON, DALE
 Name
 MOWNY, LEGNARD

 Address:
 197 POLK PEACE DR
 Address:
 21601 SW 189 AVE

 City-St-Zip:
 FRANKLIN, TN 37064
 City-St-Zip:
 MIAMI, FL 33170

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf D} \qquad {\sf (X) Change () Addition}$

 Name:
 BENSON, LUKE
 Name:
 BENSON, LUKE

 Address:
 21005 SW 232 ST
 Address:
 21005 SW 184 AVE

 City-St-Zip:
 MIAMI, FL 33187
 City-St-Zip:
 MIAMI, FL 33187

Title: D () Delete Title: () Change () Addition

 Name:
 BERNECKER, ROBERT
 Name:

 Address:
 16900 SW 216 ST
 Address:

 City-St-Zip:
 MIAMI, FL 33170
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONALD BERNECKER DP 01/23/2009