

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000155

FILED
Apr 12, 2008
Secretary of State

Entity Name: COMMUNITY CHURCH OF PERRY, FLORIDA. INC.

Current Principal Place of Business:

2317 DENNIS HOWELL RD
PERRY, FL 32348 US

New Principal Place of Business:

Current Mailing Address:

2317 DENNIS HOWELL RD
PERRY, FL 32348 US

New Mailing Address:

FEI Number: 59-3217541

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOWELL, F D
2750 DENNIS HOWELL RD
PERRY, FL 32348 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HOWELL, F D
Address: 2750 DENNIS HOWELL RD
City-St-Zip: PERRY, FL 32348

Title: D () Delete
Name: CALLAWAY, CLAY
Address: 2569 DENNIS HOWELL RD
City-St-Zip: PERRY, FL 32348

Title: D () Delete
Name: SHEPPARD, HARRY E
Address: 16090 E. ROYAL OAK DR
City-St-Zip: PERRY, FL 32348

Title: D () Delete
Name: HOWELL, ERIC
Address: 2657 DENNIS HOWELL RD
City-St-Zip: PERRY, FL 32348

Title: T () Delete
Name: CALLAWAY, DENISE
Address: 2569 DENNIS HOWELL RD
City-St-Zip: PERRY, FL 32348

Title: D () Delete
Name: HEADLEY, PAUL
Address: 5667 SMITH ROAD
City-St-Zip: PERRY, FL 32348

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: CARPENTER, TONY
Address: 5625 SMITH ROAD
City-St-Zip: PERRY, FL 32348

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: F D HOWELL

PD

04/12/2008

Electronic Signature of Signing Officer or Director

Date