2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2009
Secretary of State

DOCUMENT# N94000000155

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. ROYALOAK 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:	CARPENTER, TONY	
Address:	5625 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:	( ) Change ( ) Addition
Name:	
Address:	
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: F.D. HOWELL PD 04/04/2009

Electronic Signature of Signing Officer or Director — Date