

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 27, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N94000006166**

1. Entity Name  
**COMMUNITY CHRISTIAN CHURCH OF ORANGE VIEW  
PARK INC.**



Principal Place of Business  
**2229 N.W. 62ND STREET  
MIAMI, FL 33147 US**

Mailing Address  
**PO BOX 610541  
MIAMI, FL 33261 US**

**DO NOT WRITE IN THIS SPACE**



03152006 No Chg-NP

CR2E037 (11/05)

4. FEI Number  
**65-0545677**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**WILLIAMS, VERNITA  
9970 N.W. 51 LANE  
MIAMI, FL 33178**

**DO NOT WRITE  
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 May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE P  
NAME ROLLE, HAROLD  
STREET ADDRESS 17000 N.W. 37TH PLACE  
CITY-ST-ZIP OPA-LOCKA, FL 33055

TITLE D  
NAME ROGERS, BILLY G  
STREET ADDRESS 17821 N.W. 48TH PLACE  
CITY-ST-ZIP OPA LOCKA, FL 33055

TITLE D  
NAME ISOM, TERRANE  
STREET ADDRESS 3050 NW 196 ST  
CITY-ST-ZIP OPA LOCKA, FL 33056

TITLE D  
NAME ADAMS, CALVIN  
STREET ADDRESS 133 S.W. 21ST WAY  
CITY-ST-ZIP FT. LAUDERDALE, FL 33312

TITLE S  
NAME ROLLE, MAE F  
STREET ADDRESS 17000 N.W. 37TH PLACE  
CITY-ST-ZIP OPA-LOCKA, FL 33055

TITLE T  
NAME JAMES, CLEO A  
STREET ADDRESS 620 DOUGLAS RD.  
CITY-ST-ZIP OPA-LOCKA, FL 33054

U00000482108  
04/11/06-80062-005 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: CLEO A. JAMES** **3-22-06 - 305-681-5797**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #