## 2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## May 02, 2007 8:00 am Secretary of State DOCUMENT # N94000006166 05-02-2007 90045 029 \*\*\*\*61.25 COMMUNITY CHRISTIAN CHURCH OF ORANGE VIEW PARK INC. Principal Place of Business Mailing Address guovi~ PO BOX 610541 2229 N.W. 62ND STREET MIAMI, FL 33147 US MIAMI, FL 33261 us 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02122007 Cha-NP CR2E037 (12/06) City & State FEI Number 65-0545677 City & State Applied For Not Applicable Country .... Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WILLIAMS, VERNITA 9970 N.W. 51 LANE Street Address (P.O. Box Number is Not Acceptable) MIAMI, FL 33178 City Zip Code 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) 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to Trust Fund Contribution. ... Florida Department of State Due by May 1, 2007 Added to Fees /10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE ☐ Addition ☐ Change ROLLE, HAROLD NAME NAME STREET ADDRESS 17000 N.W. 37TH PLACE STREET ADDRESS CITY-ST-ZIP OPA-LOCKA, FL 33055 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition ROGERS, BILLY G NAME NAME STREET ADDRESS 17821 N.W. 48TH PLACE STREET ADDRESS CITY-ST-ZIP OPA LOCKA, FL 33055 CITY-ST-ZIP TITLE ☐ Delete TILE ID 123 Change ☐ Addition 150M, TERRENCE NAME ISOM, TERRANE NAME 3050 N.W. 196 ST 3050 NW 196 ST STREET ADDRESS STREET ADDRESS CITY-ST-7P OPA LOCKA, FL 33056 CITY-ST-ZIP DPA LOCKA, FL. 33055 TITLE ☐ Delete TITLE Change ☐ Addition ADAMS, CALVIN NAME NAME STREET ADDRESS 133 S.W. 21ST WAY STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE, FL 33312 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Channe ☐ Addition NAME ROLLE, MAE F NAME STREET ADDRESS 17000 N.W. 37TH PLACE STREET ADDRESS CITY-ST-ZIP OPA-LOCKA, FL 33055 CITY-ST-ZIP TITLE ☐ Oelete TITLE ☐ Change Addition JAMES, CLEO A NAME NAME 620 DOUGLAS RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OPA-LOCKA, FL 33054 CITY-ST-ZIP

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 attachmenty with an address, with all gither like empowered.

SIGNATURE:

PAROLD W. ROLLE 2-12-7

FILED