

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 A
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**



04162008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**U00000907784
05/06/08-80002-004 61.25**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROLLE, HAROLD 17000 N.W. 37TH PLACE OPA-LOCKA, FL 33055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROGERS, BILLY G 17821 N.W. 48TH PLACE OPA LOCKA, FL 33055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ISOM, TERENCE 3050 NW 169 ST. OPA LOCKA, FL 33055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADAMS, CALVIN 133 S.W. 21ST WAY FT. LAUDERDALE, FL 33312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROLLE, MAE F 17000 N.W. 37TH PLACE OPA-LOCKA, FL 33055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JAMES, CLEO A 620 DOUGLAS RD. OPA-LOCKA, FL 33054

**DO NOT WRITE
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:

Harold W. Rolle
HAROLD W. ROLLE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-8
Date

305-628-4072
Daytime Phone #