## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N9400006166

FILED Apr 27, 2009 Secretary of State

Entity Name: COMMUNITY CHRISTIAN CHURCH OF ORANGE VIEW PARK INC.

**Current Principal Place of Business: New Principal Place of Business:** 2229 N.W. 62ND STREET MIAMI, FL 33147 **Current Mailing Address: New Mailing Address:** PO BOX 610541 MIAMI, FL 33261 US FEI Number: 65-0545677 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WILLIAMS, VERNITA 9970 N.W. 51 LANE MIAMI, FL 33178 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete ROLLE, HAROLD ROLLE, HAROLD W Name: Name: 17000 N.W. 37TH PLACE Address: 17000 N.W. 37TH PLACE Address: City-St-Zip: OPA-LOCKA, FL 33055 City-St-Zip: OPA-LOCKA, FL 33055 Title: Title: ( ) Delete () Change () Addition ROGERS, BILLY G Name: Name: Address: 17821 N.W. 48TH PLACE Address: City-St-Zip: OPA LOCKA, FL 33055 City-St-Zip: Title: () Delete Title: () Change () Addition ISOM, TERENCE Name: Name: Address: 3050 NW 169 ST. Address: City-St-Zip: OPA LOCKA, FL 33055 City-St-Zip: Title: ( ) Delete Title: () Change () Addition Name: ADAMS, CALVIN Name: Address: 133 S.W. 21ST WAY Address: City-St-Zip: FT. LAUDERDALE, FL 33312 City-St-Zip: Title: ( ) Delete Title: () Change () Addition ROLLE, MAE F Name: Name: 17000 N.W. 37TH PLACE Address: Address: City-St-Zip: OPA-LOCKA, FL 33055 City-St-Zip: Title: () Delete Title: () Change () Addition JAMES, CLEO A Name: Name: Address: 620 DOUGLAS RD. Address: OPA-LOCKA, FL 33054 City-St-Zip: 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: HAROLD W. ROLLE P 04/27/2009