


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90146 020 ****70.00

DOCUMENT # N96000003663

1. Entity Name
COMMUNITY CHURCH OF ALVA INC.



Principal Place of Business Mailing Address

23060 RAILROAD AVENUE **23170 AVE B**
ALVA FL 33920 **ALVA FL 33920**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0714321** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CHRISTMAS, WILLIE
23201 AVENUE B
ALVA FL 33920

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	DT	<input type="checkbox"/> Delete
NAME	WILLIAMS, GEORGIE	
STREET ADDRESS	23070 RAILROAD AVE	
CITY-ST-ZIP	ALVA FL 33920	
TITLE	DV	<input type="checkbox"/> Delete
NAME	REDMON, JOSEPH	
STREET ADDRESS	23020 AVE B	
CITY-ST-ZIP	ALVA FL 33920	
TITLE	DTR	<input checked="" type="checkbox"/> Delete
NAME	BAPTISTE, PATRICIA	
STREET ADDRESS	23190 AVE A	
CITY-ST-ZIP	ALVA FL 33920	
TITLE	P	<input type="checkbox"/> Delete
NAME	CHRISTMAS, WILLIE	
STREET ADDRESS	23170 AVE B	
CITY-ST-ZIP	ALVA FL 33920-4105	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Willie Christmas* 1-26-2003 941-228-3622

CR2E037 (10/02)