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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N98000003909

1. Corporation Name

COMMUNITY CHRISTIAN CENTER INC.

Principal Place of Business

17 WHITTLESEY LANE
 PALM COAST FL 32164

Mailing Address

17 WHITTLESEY LANE
 PALM COAST FL 32164



2. Principal Place of Business

21 **17 WHITTLESEY LANE**

2a. Mailing Address

26 **17 WHITTLESEY LANE**

3. Date Incorporated or Qualified

07/06/1998

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

4. FEI Number

59-3505941

Applied For

Not Applicable

City & State

23 **PALM COAST FLORIDA**

City & State

28 **PALM COAST FL**

5. Certificate of Status Desired

☒

\$8.75 Additional
 Fee Required

Zip

24 **32164**

Country

25 **FLA**

Zip

29 **32164**

Country

30 **FLA**

6. Election Campaign Financing
 Trust Fund Contribution

☐

\$5.00 May Be
 Added to Fees

9. Name and Address of Current Registered Agent

DELLAPORTA, RICHARD A
17 WHITTLESEY LANE
PALM COAST FL 32164

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **Richard Della Porta**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** **PRESIDENT** ☐ DELETE
 NAME **RICHARD DELLA PORTA**
 STREET ADDRESS **17 WHITTLESEY LANE**
 CITY-ST-ZIP **PALM COAST FL 32164**

TITLE **D** **VICE PRESIDENT** ☐ DELETE
 NAME **ANTONIA BUSA**
 STREET ADDRESS **137 BEAU RIVAGE DR**
 CITY-ST-ZIP **O.B. FL 32176**

TITLE **D** **SECRETARY** ☐ DELETE
 NAME **LAURA DELLA PORTA**
 STREET ADDRESS **17 WHITTLESEY LANE**
 CITY-ST-ZIP **PALM COAST FL 32164**

TITLE **T** **TREASURER** ☐ DELETE
 NAME **RICHARD HARTMAN**
 STREET ADDRESS **37 WOODWARD LANE**
 CITY-ST-ZIP **PALM COAST FL 32164**

TITLE **T** **ASSOCIATE TREASURER** ☐ DELETE
 NAME **MARY HARTMAN**
 STREET ADDRESS **37 WOODWARD LANE**
 CITY-ST-ZIP **PALM COAST FL 32164**

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Richard Della Porta**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB 18TH 1999
2-18TH 1999 904-446-2048

Date

Daytime Phone #

CR2E037 (11/98)