

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **NA 00000 3909**

1. Entity Name

COMMUNITY CHRISTIAN CENTER INC.  
19 WHITTLESEY LANE  
Palm Coast, FL 32164

Principal Place of Business

Mailing Address

19 Whittlesey Lane  
Palm Coast, FL 32164

19 Whittlesey Lane  
Palm Coast, FL 32164

2. Principal Place of Business

3. Mailing Address

19 Whittlesey Ln 19 Whittlesey Lane  
Suite, Apt. #, etc.

City & State

City & State

Palm Coast, FL

Palm Coast, FL

Zip

Country

Zip

Country

32164

Flagler

32164

Flagler

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Richard Della Porta  
19 Whittlesey Lane  
Palm Coast, FL 32164

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.

SIGNATURE

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

(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  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME PRESIDENT ☐ Delete  
STREET ADDRESS Richard Della Porta  
CITY-ST-ZIP 19 Whittlesey Lane  
Palm Coast, FL 32164

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME VICE PRESIDENT ☐ Delete  
STREET ADDRESS Antonio Busa  
CITY-ST-ZIP 137 Beau Rivage Drive  
Daytona Beach, FL 32176

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME SECRETARY ☐ Delete  
STREET ADDRESS Laura Della Porta  
CITY-ST-ZIP 19 Whittlesey Lane  
Palm Coast, FL 32164

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME TREASURER ☐ Delete  
STREET ADDRESS Richard Hartman  
CITY-ST-ZIP 37 Woodward Lane  
Palm Coast, FL 32164

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ASSOCIATE TREASURER ☐ Delete  
STREET ADDRESS Mary Hartman  
CITY-ST-ZIP 37 Woodward Lane  
Palm Coast, FL 32164

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**

05-30-2000 90105 024 \*\*\*\*70.00

DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)

4-29-00 (904) 446-2040