

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N99000003909** ✓

1. Entity Name

**COMMUNITY CHRISTIAN CENTE INC**

Principal Place of Business

Mailing Address

**106 SOUTH ANDERSON  
BUNNELL FL 32110**

**PO BOX  
#2169**

**FILED**

**Mar 22, 2001 8:00 am  
Secretary of State**

03-22-2001 90074 045 \*\*\*\*70.00

**A0036199**

2. Principal Place of Business

3. Mailing Address

**106 SOUTH ANDERSON**

**PO BOX 2169**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**BUNNELL FL**

City & State

**BUNNELL FL**

4. FEI Number

**59-3505941**

Applied For

Not Applicable

Zip  
**32110**

Country

**FLA**

Zip

**32110**

Country

**FLA**

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

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

**Richard Della Porta**

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 <b>D</b>	<b>PRESIDENT</b> <input type="checkbox"/> Delete
NAME	<b>RICHARD DELLA PORTA</b>
STREET ADDRESS	<b>17 WHITTLESEY LANE FLORIDA</b>
CITY-ST-ZIP	<b>PALM COAST 32164</b>
TITLE <b>D</b>	<b>VICE PRESIDENT</b> <input checked="" type="checkbox"/> Delete
NAME	<b>ANTONIO BUSA</b>
STREET ADDRESS	<b>137 BEA RIDGE DR</b>
CITY-ST-ZIP	<b>O.B. FL 32176-2201</b>
TITLE <b>D</b>	<b>LAURA DELLA PORTA</b> <input type="checkbox"/> Delete
NAME	<b>LAURA DELLA PORTA</b>
STREET ADDRESS	<b>17 WHITTLESEY LANE P.C</b>
CITY-ST-ZIP	<b>FLORIDA 32164</b>
TITLE <b>T</b>	<b>TREASURER</b> <input type="checkbox"/> Delete
NAME	<b>RICHARD HARTMAN</b>
STREET ADDRESS	<b>37 WOODWARD LANE</b>
CITY-ST-ZIP	<b>PALM COAST FLORIDA 32164</b>
TITLE <b>T</b>	<b>ASSOCIATE TREASURER</b> <input type="checkbox"/> Delete
NAME	<b>MARY HARTMAN</b>
STREET ADDRESS	<b>37 WOODWARD LANE</b>
CITY-ST-ZIP	<b>PALM COAST FL 32164</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE <b>D</b>	<b>PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RICHARD DELLA PORTA</b>
STREET ADDRESS	<b>19 WHITTLESEY LANE</b>
CITY-ST-ZIP	<b>PALM COAST FL 32164</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <b>D</b>	<b>SECRETARY</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LAURA DELLA PORTA</b>
STREET ADDRESS	<b>19 WHITTLESEY LANE</b>
CITY-ST-ZIP	<b>PALM COAST FLORIDA 32164</b>
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:

**Richard Della Porta**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-15-01**

Date

Daytime Phone #

CR2E037 (11/00)