

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003909

1. Entity Name

COMMUNITY CHRISTIAN CENTER INC.

Principal Place of Business

Mailing Address

106 SOUTH ANDERSON
BUNNELL FL 32110
US

P.O. BOX 2169
BUNNELL FL 32110
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3505941

Applied For

Not Applicable

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

Name

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

City

FL

Zip Code

DELLAPORTA, RICHARD A
19 WHITTLESEY LANE 1
PALM COAST FL 32164

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

2-21-02

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	PD	<input type="checkbox"/> Delete
NAME	PORTA, RICHARD D	
STREET ADDRESS	19 WHITTLESEY LANE	
CITY-ST-ZIP	PALM COAST FL 32164	
TITLE	DS	<input type="checkbox"/> Delete
NAME	PORTA, LAURA D	
STREET ADDRESS	19 WHITTLESEY LANE	
CITY-ST-ZIP	PALM COAST FL 32164	
TITLE	TT	<input type="checkbox"/> Delete
NAME	HARTMAN, RICHARD	
STREET ADDRESS	37 WOODWARD LANE	
CITY-ST-ZIP	PALM COAST FL 32164	
TITLE	ATT	<input type="checkbox"/> Delete
NAME	HARTMAN, MARY	
STREET ADDRESS	37 WOODWARD LANE	
CITY-ST-ZIP	PALM COAST FL 32164	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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
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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:

SIGNATURE REQUIRED

Richard Della Porta

030602

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 29, 2002 8:00 am
Secretary of State

02-13-2002 90107 005 ****75.00



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)