

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2004 08:00 AM
Secretary of State

DOCUMENT # N98000003909



1. Entity Name
COMMUNITY CHRISTIAN CENTER INC.

Principal Place of Business
**106 SOUTH ANDERSON
BUNNELL, FL 32110 US**

Mailing Address
**P.O. BOX 2169
BUNNELL, FL 32110 US**



01072004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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

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

**DO NOT WRITE
IN THIS SPACE**

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 *Richard Della Porta*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U000000159835
05/12/04-80001-002 70.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD PORTA, RICHARD D 19 WHITTLESEY LANE PALM COAST, FL 32164
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DS PORTA, LAURA D 19 WHITTLESEY LANE PALM COAST, FL 32164
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TT HARTMAN, RICHARD 37 WOODWARD LANE PALM COAST, FL 32164
TITLE NAME STREET ADDRESS CITY- ST- ZIP	ATT HARTMAN, MARY 37 WOODWARD LANE PALM COAST, FL 32164
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 A Della Porta* *Richard A. Della Porta* *386-446 2040*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #