2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 01, 2005
Secretary of State

DOCUMENT# N98000003909

Entity Name: COMMUNITY CHRISTIAN CENTER INC.

Current Principal Place of Business:

106 SOUTH ANDERSON
BUNNELL, FL 32110 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2169
BUNNELL, FL 32110 US

New Mailing Address:

FEI Number: 59-3505941 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	PORTA, RICHARD D	
Address:	19 WHITTLESEY LANE	
City-St-Zip:	PALM COAST, FL 32164	
Title:	DS	( ) Delete
Name:	PORTA, LAURA D	
Address:	19 WHITTLESEY LANE	
City-St-Zip:	PALM COAST, FL 32164	
Title:	TT	( ) Delete
Name:	HARTMAN, RICHARD	
Address:	37 WOODWARD LANE	
City-St-Zip:	PALM COAST, FL 32164	
Title:	ATT	( ) Delete
Name:	HARTMAN, MARY	
Address:	37 WOODWARD LANE	
City-St-Zip:	PALM COAST, FL 32164	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD DELLA PORTA PD 07/01/2005

Electronic Signature of Signing Officer or Director — Date