

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 28, 2006 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
DO NOT WRITE IN THIS SPACE	



07222006 No Chg-NP

CR2E037 (4/06)

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$81.25
Due by September 8, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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

U000000572562
07/28/06-90003-001 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Hartman **RICHARD HARTMAN - TREASURER - 7/27/06 386-586-6988**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #