2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004587

FILED Jan 04, 2008 Secretary of State

Entity Name: CHRIST COMMUNITY CHURCH OF CAPE CORAL, INC.

Current Principal Place of Business: New Principal Place of Business:

1323 VISCAYA PWY

CAPE CORAL, FL 33990 US

Current Mailing Address: New Mailing Address:

1323 VISCAYA PWY

CAPE CORAL, FL 33990 US

FEI Number: 65-0938226 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HAMWAY, ROBERT J CLARK, NORMAN W 634 SW 12TH ST 48 QUICHE COURT

CAPE CORAL, FL 33991 US FORT MYERS, FL 33912 US

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: NORMAN W. CLARK 01/04/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PRES (X) Change () Addition Name: HERNDON, ADIN Name: HAMWAY, ROBERT J

 Name:
 HERNDON, ADIN
 Name:
 HAMWAY, ROBERT J

 Address:
 1320 SW 5TH AVE
 Address:
 634 SW 12TH STREET

 City-St-Zip:
 CAPE CORAL, FL 33991
 City-St-Zip:
 CAPE CORAL, FL 33991

Title: VD () Delete Title: VP (X) Change () Addition Name: HAMWAY, ROBERT J Name: CLARK, NORMAN W

Name: HAMWAY, ROBERT J Name: CLARK, NORMAN W
Address: 634 SW 12TH ST Address: 48 QUICHE COURT
City-St-Zip: CAPE CORAL, FL 33991 City-St-Zip: FORT MYERS, FL 33912

Title: () Delete Title: SEC () Change (X) Addition

 Name:
 Name:
 DENNIS, OSTERHOUSE

 Address:
 Address:
 1711 ST CLAIR AVE E

 City-St-Zip:
 City-St-Zip:
 N FORT MYERS, FL 33903

Title: () Delete Title: TRES () Change (X) Addition

 Name:
 Name:
 NORMAN, CLARK W

 Address:
 Address:
 48 QUICHE COURT

 City-St-Zip:
 City-St-Zip:
 FORT MYERS, FL 33912

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: NORMAN W CLARK VP 01/04/2008