FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Moditi ym 🖍

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000031946 (2)

CHRISTIAN COMMUNITY DEVELOPMENT, INC.

Principal Place of Business

Mailing Address

FILED Apr 25 1997 8:00am Secretary of State



264 SW 1ST CT DEERFIELD BEACH FL 33441		264 SW 1ST CT DEERFIELD BEACH FL 33441-3304				
					3. Date Incorporated or Qualified 04/08/1996	3a. Date of Last Report
2. Principal Pl	ace of Business	2a. Mailing Address	2a. Mailing Address		4. FEt Number	Applied For
21		26				Not Applicable
Sulte, Apt. :	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State)	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	30 Cou	ntry		Yes No
	Name and Address of Current	Registered Agent		2.1	10. Name and Address of New Re	gistered Agent
C MCC	CRAY, LASHAWN			81 Name		
	SW 1ST CT RFIELD BEACH FL 33441			82 Street Add	Iress (P.O. Box Number is Not Acceptab	le)
3 000	AN RELO DE TOTTE OUTT		Ī	83		
				84 City		FL 85 Zip Code
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change v	vas authorized	I by the corpora	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of changing its registered at the appointment as registered
SIGNATURE	Signature, typed or printed name of registered agen	t and little if applicable	(NOTE Hooistered	Agent s gnature regu	ired whon reinstating)	DATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC	
TITLE	D	☐ DELETE		LE		ERS AND DIRECTORS IN 12 Change Addition
NAME	MCCRAY, LAWSHAWN		1.2 NA	ME		
STREET ADDRESS	264 SW 1ST CT		1.3 ST	REET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH FL 33441			Y-ST-ZIP		
TITLE	·	☐ DELETE	2 1 TiT	LE		Change Addition
NAME			2.2 NA	ME		
STREET ADDRESS			2.3 ST	REFT ADDRESS		
CITY-ST-ZIP				TY-\$T-ZIP		
TITLE		☐ DELETE		l l		Change Addition
NAME			3.2 NA			
STREET ADORESS				REFT ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE		TY-ST-7IP		Change Addition
NAME		Ditt it	4.7 (I) 4.2 N/			
STREET ADDRESS				REET ADDRESS		
CITY-ST-ZIP			. I	IY-S1-ZIP		
TITLE		DELETE				Change Addition
NAME			5.2 NA	ME		ļ
STREET ADDRESS			5.3 ST	REET ADDRESS		1
CITY-ST-ZIP				Y-\$1-2IP		
TITLE		☐ DELETE	6.1 1(1	LE		Change Addition
NAME			6.2 NA	ME		
STREET ADDRESS			6.3 ST	REET ADDRESS		
CITY-ST-ZIP			6.4 CI	Y - ST - ZIP		

I do 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 annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 is changed, grain an attachment with an address

12 or Block 13 it Charliged, or on attachment with an address