

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769201

Entity Name: CHRIST COMMUNITY CHRISTIAN CENTER CHURCH, INC.**Current Principal Place of Business:**704 BRUNNELL PKWY.
LAKELAND, FL 33802-7550**Current Mailing Address:**P.O. BOX 550
LAKELAND, FL 33802 US**FEI Number: 59-2307770****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**LAIDLER, WALTER KJR
704 BRUNNELL PKWY
LAKELAND, FL 33815 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P/D
Name	LAIDLER, WALTER KJR
Address	339 HOWARD AVE
City-State-Zip:	LAKELAND FL 33815

Title	VP/D
Name	WALKER, PHILLIP E
Address	306 TUCKER ST
City-State-Zip:	LAKELAND FL 33805

Title	D
Name	ROBINSON, JOEL K
Address	916 WHISPER LAKE DRIVE
City-State-Zip:	WINTER HAVEN FL 33880

Title	D
Name	BROADNAX, ANTHONY M
Address	P O BOX 5
City-State-Zip:	LAKELAND FL 33802

Title	D
Name	GRAY, WILLIAM
Address	7227 SCENIC HILLS BLVD
City-State-Zip:	LAKELAND FL 33810

Title	D
Name	HART, RICHARD T
Address	1715 LOWRY AVENUE
City-State-Zip:	LAKELAND FL 33801

Title	S
Name	ROBINSON, RUTH
Address	2206 2ND STREET N. E.
City-State-Zip:	WINTER HAVEN FL 33881

I hereby 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 all other like empowered.

SIGNATURE: WALTER K LAIDLER, JR.**DIRECTOR****04/01/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date