


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90093 040 ****61.25

DOCUMENT # 706917			
1. Entity Name THE CHURCH BY THE SEA INC.			
Principal Place of Business 501 96TH STREET BAL HARBOUR FL 33154		Mailing Address 501 96TH STREET BAL HARBOUR FL 33154	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

50028111



1st MOORE CR2E037 (10/04)

4. FEI Number 59-0668474		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DEAN, ADELGUNDE E 1211 NE 131 STREET NORTH MIAMI FL 33161		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROY, WILLIAM			NAME			
STREET ADDRESS	2801 LUCERNE			STREET ADDRESS			
CITY-ST-ZIP	MIAMI BEACH FL 33140			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	REIZEN, VERNA			NAME			
STREET ADDRESS	1230 100 STREET			STREET ADDRESS			
CITY-ST-ZIP	BAY HARBOR ISLANDS FL 33154			CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NEWPORT, CAROL			NAME			
STREET ADDRESS	10775 N BAYSHORE DRIVE			STREET ADDRESS			
CITY-ST-ZIP	NORTH MIAMI FL 33161			CITY-ST-ZIP			
TITLE	VPD	<input checked="" type="checkbox"/> Delete		TITLE	VPD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	O'NEILL, JO ANN			NAME	Dorfman, Aaron		
STREET ADDRESS	2829 INDIAN CREEK DR. #901			STREET ADDRESS	535 NE 129 Street		
CITY-ST-ZIP	MIAMI BEACH FL 33140			CITY-ST-ZIP	North Miami, FL 33161		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I 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 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 a letter like empowered.

SIGNATURE _____ **3/19/05 305 444-0004**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #