


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

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90032 002 ****70.00

DOCUMENT # 729858
 1. Entity Name
THE NATIONAL ASSOCIATION OF INDEPENDENT CHRISTIAN CHURCHES AND VETERANS HOMELESS AND



Principal Place of Business: **1761 ROYAL PALM AVENUE, SUITE 8 POST OFFICE BOX 147 FORT MYERS FL 33902**
 Mailing Address: **P.O. BOX 147 FORT MYERS FL 33902-0147**

2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **23-7382156**
 Applied For Not Applicable

5. Certificate of Status Desired **XXX** **\$8.75** Additional Fee Required



1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent
HEIL, JOHN JAMES, REV., S.G.S.
1761 ROYAL PALM AVENUE, SUITE #8
FORT MYERS FL 33901

7. Name and Address of New Registered Agent
 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. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	THIBODEAU, KENNETH BOYD R REV	
STREET ADDRESS	2840 GRAND AVENUE, STE 209	
CITY-ST-ZIP	FORT MYERS FL 33901-6155	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FOWLER, THOMAS JAMES R REV	
STREET ADDRESS	2840 GRAND AVENUE, STE 209	
CITY-ST-ZIP	FORT MYERS FL 33901-6155	
TITLE	SD	<input type="checkbox"/> Delete
NAME	EVEREST, GENE NANCY	
STREET ADDRESS	2840 GRAND AVENUE, STE 209	
CITY-ST-ZIP	FORT MYERS FL 33901-6155	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	RIDDLE, LESIA MARY	
STREET ADDRESS	2840 GRAND AVENUE, STE 209	
CITY-ST-ZIP	FORT MYERS FL 33901-6155	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MILLER, EDNA ANN	
STREET ADDRESS	2840 GRAND AVENUE, STE 209	
CITY-ST-ZIP	FORT MYERS FL 33901-6155	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PALMER, III, GEORGE DAVID REV	
STREET ADDRESS	2840 GRAND AVENUE, STE 209	
CITY-ST-ZIP	FORT MYERS FL 33901-6155	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lehmkuhl, Merle Steven	
STREET ADDRESS	Same	
CITY-ST-ZIP	Same	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Heil, John James	
STREET ADDRESS	Same	
CITY-ST-ZIP	Same	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 all other like empowered.

SIGNATURE:  **JOHN JAMES HEIL** **18 JAN 2005** 239 418-0939
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #