2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 734674

1. Entity Name
SIMMON'S CHURCH INC.

FILED
04 MAR 16 PM 12:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
7039 E HWY 318 CITRA, FL 32113	13250 NE 220TH ST FT MCCOY, FL 32134 US

02242004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
7039 E. Hwy 318 Suite, Apt. #, etc.	P.O. Box 263 Suite, Apt. #, etc.
City & State: Citra, FL	City & State: Citra, FL
Zip: 32113 Country: USA	Zip: 32113 Country: USA

4. FEI Number 59-2246965 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CECERE, RONALD 13250 NE 220TH ST FT MCCOY, FL 32134	Name: Russell Matchett Street Address (P.O. Box Number is Not Acceptable): 22800 NE 76th Terr Rd City: Citra FL Zip Code: 32113

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: Russell Matchett 400030822254
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)
03/22/04--01017--002 **122.50
DATE 2/19/04

Filing Fee is $61.25
Due by May 1, 2004

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CECERE, RONALD 13250 NE 220TH ST FT MCCOY, FL 32134	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D Russell Matchett 22800 NE 76th Terr Rd Citra, FL 32113	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HANES, JEFF PO BOX 355 ORANGE SPRINGS, FL 32182	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Hoyt Eugene Waldron P.O Box 248 Citra, FL 32113	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WHITAKER, ROCKY 18491 NW 3RD TERR CITRA, FL 32113	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Roger D. Thompson 22501 NE 77th Terr Rd Citra, FL 32113	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RHINEHART, BOB 112 CINNAMON DRIVE INTERLACHEN, FL 32148	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Wilma Nelson 967 S. Cty Rd 21 Hawthorne, FL 32640	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GERACI, PHIL 123 CHEROKEE DRIVE INTERLACHEN, FL 32148	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Francis McMillan P.O. Box 122 Citra, FL 32113	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Patricia Hughes P.O. Box 616 Citra, FL 32113	☐ Change ☑ Addition

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: Russell Matchett Russell Matchett 2/19/04 (352)546-1360
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #