2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#763074

Entity Name: MURDOCK BAPTIST CHURCH, INC.

FILED Jan 18, 2004 Secretary of State

•				New Principal Place of Business:			
18375 TOLEDO BLADE BLVD PORT CHARLOTTE, FL 33948							
Current Mailing Address:				New Mailing Address:			
P.O. BOX 0484 MURDOCK, FL 33938		US		P.O. BOX 380484 MURDOCK, FL 33938		US	
FEI Number: 59-2147569		FEI Number Applied For ()	FEI Number Not Applicable ()		cable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:							
889 RIVIER	N, DIANE C A LANE RLOTTE, FL :	33948					
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			
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	TR () SPENCE, RAND 4144 NETTLE RO PORT CHARLOT	DAD	Ad	le: ime: dress: ty-St-Zip:	()	Change () Addition
Title: Name: Address: City-St-Zip:	TR () I BLESSING, JAC 18416 YARBROI PORT CHARLOT	JGH AVE	Ad	le: ime: dress: iy-St-Zip:	TR (X) BYRD, CARROL 341 CAPATOLA PORT CHARLOT	STREET	,
Title: Name: Address: City-St-Zip:	TR () RUCKLE, DOC 3073 LOCKWOO PORT CHARLOT		Ade	le: ime: dress: iy-St-Zip:	TR (X) RUCKER, DOC 3073 LOCKWOO PORT CHARLOT		т
Title: Name: Address: City-St-Zip:	T () I THOMPSON, DIA 899 RIVIERA LA PORT CHARLOT	NE	Ad	le: ime: dress: ty-St-Zip:	()	Change () Addition
Title: Name: Address: City-St-Zip:	C () I BYRD, GIOVANN 341 CAPATOLA PORT CHARLOT	STREET	Ad	le: ime: dress: ty-St-Zip:	()	Change () Addition
Title: Name: Address: City-St-Zip:	MILLS, DOROTH 23233 HEMENW		Ade	le: ime: dress: :y-St-Zip:	TR (X) MILLS, DOROTH 23233 HEMENW PORT CHARLOT	/AY	,

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: DIANE C. THOMPSON T 01/18/2004