

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90214 015 \*\*\*\*61.25

**DOCUMENT # 763408**  
 1. Entity Name  
 COVE ROAD CHURCH OF CHRIST, INC.



Principal Place of Business: 4175 SE COVE RD, PO BOX 867, PT SALERNO FL 34992-0867  
 Mailing Address: 4175 SE COVE RD, PO BOX 867, PT SALERNO FL 34992-0867

24069441



MOORE CR2E037 (11/03)

2. Principal Place of Business: **SAME**  
 3. Mailing Address: **SAME**  
 Suite, Apt. #, etc.:  
 City & State:  
 Zip Country Zip Country

4. FEI Number: **59-2189897**  
 Applied For:  Not Applicable

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

6. Name and Address of Current Registered Agent  
**METZ, FRANZ**  
**5751 SE 138TH STREET**  
**HOBE SOUND FL 33455**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: 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                  |   |
|---|---|
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>METZ, FRANZ<br>5751 SE 138TH STREET<br>HOBE SOUND FL<br><input type="checkbox"/> Delete   |
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>BAJIS, MIKE<br>8061 SHILOH TERRACE<br>HOBE SOUND FL<br><input type="checkbox"/> Delete    |
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>BALL, JOSEPH<br>12851 SE CIRCLR DRIVE<br>HOBE SOUND FL<br><input type="checkbox"/> Delete |
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|---|---|
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP           | <input type="checkbox"/> Change <input type="checkbox"/> 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: **Joe R. Ball** *Joe R. Ball* Date: **4/30/04** Daytime Phone #: **546-2613**