


2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 20, 2004 8:00 am
Secretary of State

02-20-2004 90122 001 ***140.00

DOCUMENT # C99000000002

1. Entity Name
THE CHURCH WARDENS AND VESTRYMEN OF CHRIST'S CHURCH IN PENSACOLA



Principal Place of Business
**18 WEST WRIGHT STREET
PENSACOLA, FL 32501**

Mailing Address
**18 WEST WRIGHT STREET
PENSACOLA, FL 32501**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country



01272004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-0678767

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**KARADIN, KENNETH A
18 WEST WRIGHT STREET
PENSACOLA, FL 32501**

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

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	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEVENSON, RUSSELL J			NAME			
STREET ADDRESS	4790 VELASQUEZ			STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA, FL 32504			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KARADIN, KENNETH A			NAME			
STREET ADDRESS	1118 N. BAYLEN ST.			STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA, FL 32501			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAGIE, RODERIC			NAME			
STREET ADDRESS	609 CROWN COVE			STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA, FL 32501			CITY-ST-ZIP			
TITLE	DT	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	OWENS, THOMAS F			NAME			
STREET ADDRESS	1901 E GADSDEN STREET			STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA, FL 32501			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COLE, KEN			NAME			
STREET ADDRESS	601 PORT ROYAL WAY			STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA, FL 32501			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HEINDL, TIMOTHY R			NAME	HEINDL, TIMOTHY R		
STREET ADDRESS	420 WOODBINE DR			STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA, FL 32503			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: Timothy R Heindl 1/28/04 880/432/5115
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #