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

FILED
Apr 19, 2004 8:00 am
Secretary of State
03-29-2004 90063 001 ****61.25

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1. Entity Name

CHURCH'S INDEPENDENT FRANCHISEE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
415 PERSHING RD INDIANOLA MS 38751	415 PERSHING RD INDIANOLA MS 38751

00411UUb

MOORE CR2E037 (11/03)

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

4. FEI Number 65-0278773 ☐ 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
WALTERS, MICHAEL A SMITH GAMBRELL & RUSSELL, LLP 50 N LAURA ST, STE 2200, JACKSONVILLE FL 32202	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CONNER, BARRY 5509 BOGIE AVE FARMINGTON NM 87402 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	W/D ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MAULDIN, JOE P O BOBX 6544 LAUREL MS 39441-6544 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/D ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KHAN, ASLAM 1200 HARGER RD, STE 800 OAKBROOK IL 60523 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/D MIKE KNOBELOCK 19407 PARK ROW, SUITE 100 HOUSTON, TX 77084 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COOPER, JAMES 3149 PERKINS RD MEMPHIS TN 38113 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D TOM GRESHAM 415 PERSHING AVE. INDIANOLA, MS 38751 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BAIG, MIKE 5960 W PARKER, STE 278-197 PLANO TX 75093 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HABEEB, KAMRAN 4510 E PACIFIC COAST HWY, STE 595 LONG BEACH CA 90804 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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: Mike Knobeloch 3/22/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #