

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

FILED

Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # N03000004900 -		
1. Entity Name NON DENOMINATIONAL WORSHIP, ISLAND IN THE SUN INC.		

Principal Place of Business 1001 STARKEY RD., #199 LARGO FL 33771	Mailing Address 1001 STARKEY RD., #199 LARGO FL 33771
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E037 (11/03)

4. FEI Number	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FRENCH, JAMES 1001 STARKEY RD., #199 LARGO FL 33771		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	FRENCH, JAMES	NAME	
STREET ADDRESS	1001 STARKEY RD., #199	STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 33771	CITY-ST-ZIP	U000000043063 02/10/04-80050-019 61.25
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HOLM, JAMES	NAME	
STREET ADDRESS	9655 44TH WAY	STREET ADDRESS	
CITY-ST-ZIP	PINELLAS PARK FL	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HOLM, SANDI	NAME	
STREET ADDRESS	9655 44TH WAY	STREET ADDRESS	
CITY-ST-ZIP	PINELLAS PARK FL	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DENNIS, BARRY	NAME	
STREET ADDRESS	1001 STARKEY RD., #598	STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 33771	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *James French* **James French** **2/5/04** **(727) 539-6385**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #