## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03213

FILED Mar 29, 2004 Secretary of State

Entity Name: CONCORD STREET CHURCH OF CHRIST, INC.

| Littly Nan                                  | ie. CONCORI   | D STREET CHORCH OF CHRIS           | oi, iivc | J.  |  |  |            |
|---|---|------------------------------------|----------|---|--|--|------------|
| Current Principal Place of Business:        |   |                                    |          | New Principal Place of Business:            |  |  |            |
|   | CHARLES, E<br>CONCORD ST<br>, FL 32803                    | REET<br>US                         |          |   |  |  |            |
| Current Mailing Address:                    |   |                                    |          | New Mailing Address:                        |  |  |            |
|   | CHARLES, E<br>CONCORD ST<br>, FL 32803                    | REET<br>US                         |          |   |  |  |            |
| FEI Number:                                 | 59-2400073  | FEI Number Applied For ( )         | FEI Nun  | nber Not Appli                              | cable ( )  | Certificate of Status Desire                                     | ed ( )     |
| Name and                                    | Address of C  | urrent Registered Agent:           |          | Name and                                    | Address of   | New Registered Agent:  |            |
|   | CHARLES E<br>CONCORD ST<br>, FL 32803                     | REET<br>US                         |          |   |  |  |            |
| The above in the State                      |   | ubmits this statement for the purp | pose o   | f changing it                               | s registered o                                     | office or registered agent                                       | , or both, |
| SIGNATUR                                    |   |                                    |          |   |  |  |            |
| Electronic Signature of Registered Agent    |   |                                    |          | Date  |  |  |            |
| OFFICERS                                    | AND DIRECT  | ORS:                               |          | ADDITION                                    | S/CHANGES  | TO OFFICERS AND DI   | RECTORS:   |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | D () I<br>SMEAD, ARNOL<br>639 FRIAR RD<br>WINTER PARK,    |                                    |          | Title:<br>Name:<br>Address:<br>City-St-Zip: | SMEAD, ARNO<br>639 FRIAR RD                        |  |            |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | D () LIPFORD, CHAR<br>621 MARINER W<br>ALTAMONTE SP       | /AY                                |          | Title:<br>Name:<br>Address:<br>City-St-Zip: | D (X<br>LIPFORD, CHA<br>621 MARINER<br>ALTAMONTE S | WAY  |            |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | PD () I<br>CAWTHON, BOE<br>10341 ARBOR R<br>ORLANDO, FL 3 | IDGE TR                            |          | Title:<br>Name:<br>Address:<br>City-St-Zip: | PD (X<br>CAWTHON, RG<br>10341 ARBOR<br>ORLANDO, FL | RIDGE TR   |            |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | ( )   | Delete                             |          | Title:<br>Name:<br>Address:<br>City-St-Zip: | DICKINSON, J<br>370 S LAKE TI                      | ) Change (X) Addition<br>ERRY<br>RIPLET DRIVE<br>RY, FL 32707 US |            |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | ()  | Delete                             |          | Title:<br>Name:<br>Address:<br>City-St-Zip: | YODER, DALE  | AL BLVD., #506   |            |
|   |   |                                    |          |   |  |  |            |

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: CHARLES E LIPFORD D 03/29/2004