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

May 03, 2004 8:00 am Secretary of State DOCUMENT # N22970 1. Entity Name 05-03-2004 90691 041 ****61.25 CHRIST PRESBYTERIAN CHURCH (U.S.A.), INC. Principal Place of Business Mailing Address 3115 DRYER AVENUE LARGO FL 33770-4269 3115 DRYER AVENUE LARGO FL 33770-4269 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) City & State City & State 4. FEI Number Applied For 59-1036948 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HODGES, LEE Street Address (P.O. Box Number is Not Acceptable) 11183 110TH AVE N LARGO FL 33774 City 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) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2004 Trust Fund Contribution: Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Delete X Change Addition TITLE TITLE DEBOER, RICHARD JoAnn Stowers NAME NAME 5773 147TH AVE N. STREET ADDRESS 4232 Harbor Circle S STREET ADDRESS CLEARWATER FL 33760 CITY-ST-ZIP CITY-ST-ZIP Largo, FL 33770 XX Delete TITLE TITLE VD Change ☐ Addition WELCH, KEVIN NAME NAME Carl Sarine 11183 110TH AVE N STREET ADDRESS STREET ADDRESS 709 Grovewood Lane LARGO FL 33778 CiTY-ST-ZIP CITY-ST-ZIP Largo, FL 33770 PD Delete TITLE TITLE ☐ Change ☐ Addition HODGES, LEE -NAME NAME 14422 KANDI COURT STREET ADDRESS STREET ADDRESS LARGO FL 33774 CITY-ST-ZIP CITY-ST-ZIP TID ☐ Delete TITLE ☐ Change ☐ Addition GRES, ALFRED D NAME NAME 20064 GULF BLVD STREET ADDRESS STREET ADDRESS INDIAN SHORES FL 33785 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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PURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 4/19/2004 SIGNATURE: Lee <u>Hodges</u>

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.