


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90971 015 ****61.25

DOCUMENT # N22970							
1. Entity Name CHRIST PRESBYTERIAN CHURCH (U.S.A.), INC.							
Principal Place of Business 3115 DRYER AVENUE LARGO, FL 33770-4269 US			Mailing Address 3115 DRYER AVENUE LARGO, FL 33770-4269 US				
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 59-1036948			
				Applied For Not Applicable			
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
HODGES, LEE 11183 110TH AVE N LARGO, FL 33774			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 <i>Lee Hodges</i>		(NOTE: Registered Agent signature required when re-registering)		DATE <i>4-27-2005</i>			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STOWERS, JOANN		NAME	Nancy Hodges			
STREET ADDRESS	4232 HARBOR CIRCLE S.		STREET ADDRESS	14422 Kandi Court			
CITY-ST-ZIP	LARGO, FL 33770		CITY-ST-ZIP	Largo FL 33774			
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SARINE, CARL		NAME				
STREET ADDRESS	709 GROVEWOOD LANE		STREET ADDRESS				
CITY-ST-ZIP	LARGO, FL 33770		CITY-ST-ZIP				
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HODGES, LEE		NAME				
STREET ADDRESS	14422 KANDI COURT		STREET ADDRESS				
CITY-ST-ZIP	LARGO, FL 33774		CITY-ST-ZIP				
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GRES, ALFRED D		NAME				
STREET ADDRESS	20084 GULF BLVD		STREET ADDRESS				
CITY-ST-ZIP	INDIAN SHORES, FL 33785		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Lee Hodges</i>			Date <i>4-27-2005</i> (727)584-8695				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #				