


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

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # N42625					
1. Entity Name CAROLINA AVENUE CHURCH OF CHRIST, INC.					
Principal Place of Business 296 E FIRST & CAROLINA AVE AVON PARK FL 33825 US			Mailing Address PO BOX 86 AVON PARK FL 33826-0086 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ROBERTS, LESTER A. 1002 S. WALDRON AVE. AVON PARK FL 33825				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
4. FEI Number 59-2199826 Applied For <input type="checkbox"/> Not Applicable					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
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. <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	D ROBERTS, LESTER A. <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1002 S. WALDRON AVE			NAME	
STREET ADDRESS	AVON PARK FL			STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	U00000029778 02/04/04-80079-012 61.25
TITLE	D COLLINS, WILLIE <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1424 S CAROLINA AVE			NAME	
STREET ADDRESS	AVON PARK FL			STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	D GLENN, CHARLIE <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2580 W STRYKER RD			NAME	
STREET ADDRESS	AVON PARK FL 33825			STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	D HALLIBURTON, JESSIE <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	605 S VERONA AVE			NAME	
STREET ADDRESS	AVON PARK FL 33825			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	
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	



MOORE CR2E037 (11/03)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Lester A. Roberts* **LESTER A. ROBERTS** 01/25/04 (663) 453-8672

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