


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # N49081</b> 1. Entity Name 29TH STREET CHURCH OF CHRIST, INC.	
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FILED  
 04 OCT -4 PM 12:01  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business 3310 NORTH 29TH STREET TAMPA, FL 33610	Mailing Address 3310 NORTH 29TH STREET TAMPA, FL 33610
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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09232004 Chg-NP CR2E037 (10/03)

City & State Zip	City & State Zip
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4. FEI Number 59-3189777	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  STONE, MELVIN J. 3310 NORTH 29TH STREET TAMPA, FL 33610	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
 Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to  
 Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE	C <input type="checkbox"/> Delete
NAME	STONE, MELVIN J
STREET ADDRESS	3508 33 AVE.
CITY-ST-ZIP	TAMPA, FL
TITLE	D <input type="checkbox"/> Delete
NAME	KING, JR., PERRY
STREET ADDRESS	1316 E. CYPRESS ST.
CITY-ST-ZIP	TAMPA, FL 33606
TITLE	T <input type="checkbox"/> Delete
NAME	TILLMAN, LARRY
STREET ADDRESS	3212 E. PARIS STREET
CITY-ST-ZIP	TAMPA, FL
TITLE	D <input type="checkbox"/> Delete
NAME	PARKER, JR, WILLIE
STREET ADDRESS	2613 CRESTFIELD DR
CITY-ST-ZIP	VALRICO, FL 33594
TITLE	D <input type="checkbox"/> Delete
NAME	GAINES, GEORGE E
STREET ADDRESS	3214 E. PARIS STREET
CITY-ST-ZIP	TAMPA, FL 33610
TITLE	D <input type="checkbox"/> Delete
NAME	MOBLEY, SAMUEL
STREET ADDRESS	4234 E CAYUGA STREET
CITY-ST-ZIP	TAMPA, FL 33610

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>600041570086</b>
STREET ADDRESS	10/04/04--01034--014 **70.00
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:** Larry Tillman 9/18/04 (813) 232-6201  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #