


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2004 08:00 AM
Secretary of State

DOCUMENT # N93000002623 1. Entity Name FIRST CHRISTIAN CHURCH (DISCIPLES OF CHRIST) OF HOMESTEAD, INC.	
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Principal Place of Business 1001 NORTHEAST KINGS HIGHWAY HOMESTEAD, FL 33030	Mailing Address 1001 NORTHEAST KINGS HIGHWAY HOMESTEAD, FL 33030
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DO NOT WRITE IN THIS SPACE



01202004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1031401	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent AKERMAN, BARBARA J 1001 NORTHEAST KING HIGHWAY HOMESTEAD, FL 33030
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**DO NOT WRITE
IN THIS SPACE**

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 <u>Barbara J. Akerman</u> <u>Barbara J. Akerman</u> <u>1/26/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>	DATE

**Filing 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
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10. OFFICERS AND DIRECTORS	
TITLE D NAME AKERMAN, JEAN STREET ADDRESS 14925 SOUTHWEST 297TH TERRACE CITY-ST-ZIP LEISURE CITY, FL 33033	
TITLE T NAME COLLINGS, AMANDA STREET ADDRESS 360 NW 16TH STREET CITY-ST-ZIP HOMESTEAD, FL 33030	
TITLE D NAME JORDAN, RUBY STREET ADDRESS 1525 FLAMINGO COURT CITY-ST-ZIP HOMESTEAD, FL 33035	
TITLE D NAME MALLEY, THERESA STREET ADDRESS 1521 FLAMINGO COURT CITY-ST-ZIP HOMESTEAD, FL 33035	
TITLE P NAME STANLEY, GEORGE STREET ADDRESS 344 NW 2 STREET CITY-ST-ZIP FLORIDA CITY, FL 33034	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000028341
02/04/04-80020-019 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: <u>George R. Stanley</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>1/26/04</u> <u>3052464710</u> <small>Date Daytime Phone #</small>