

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

**FILED**  
**Jun 04, 2004 8:00 am**  
**Secretary of State**

06-04-2004 90005 024 \*\*\*\*61.25

**DOCUMENT # N93000003070**

1. Entity Name

CHRISTIAN EDIFICATION CONFERENCE, INC.



Principal Place of Business

RT 1 HWY 90 WEST  
 P.O. BOX 322  
 COTTONDALE FL 32431  
 US

Mailing Address

POST OFFICE BOX 393  
 POST OFFICE 322  
 COTTONDALE FL 32431  
 US

**54056827**



MOORE CR2E037 (4/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3199386

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHNSON, JACKIE  
 4067 HWY 90 E  
 COTTONDALE FL 32431

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: D  Delete  
 NAME: JOHNSON, JACKIE  
 STREET ADDRESS: 199 RIVER ROAD 2659-Gregory Lane  
 CITY-ST-ZIP: BAINBRIDGE GA 31717 Cottondale, Fl 32431

TITLE: D  Change  Addition  
 NAME: Jackie Johnson  
 STREET ADDRESS: 2659-Gregory Lane  
 CITY-ST-ZIP: Cottondale, Fl 32431

TITLE: D  Delete  
 NAME: GILBERT, RANDAL  
 STREET ADDRESS: 1826 GAINER RD  
 CITY-ST-ZIP: CHIPLEY FL 32428-6041

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE: DS  Delete  
 NAME: JOHNSON, BONNIE  
 STREET ADDRESS: 199 RIVER ROAD 2659-Gregory Lane  
 CITY-ST-ZIP: BAINBRIDGE GA 31717 Cottondale Fl 32431

TITLE: DS  Change  Addition  
 NAME: Bonnie Johnson  
 STREET ADDRESS: 2659-Gregory Lane  
 CITY-ST-ZIP: Cottondale Fl 32431

TITLE: S  Delete  
 NAME: HAYES, ELDORA  
 STREET ADDRESS: PO BOX 467  
 CITY-ST-ZIP: ALFORD FL 32420

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE: D  Delete  
 NAME: PULLMAN, DELEENA  
 STREET ADDRESS: 4861 TRAILOR PARK DR  
 CITY-ST-ZIP: MARIANNA FL 32448

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 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: *Jackie Johnson* JACKIE JOHNSON 5-25-04 850-352-4500