


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 28, 2005 08:00 AM
Secretary of State

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
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07262005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3199386	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

JOHNSON, JACKIE
 4067 HWY 90 E
 COTTONDALE, FL 32431

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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 7, 2005

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, JACKIE 2659 GREGORY LANE COTTONDALE, FL 32431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILBERT, RANDAL 1826 GAINER RD CHIPLEY, FL 324286041
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS JOHNSON, BONNIE 2659 GREGORY LANE COTTONDALE, FL 32431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HAYES, ELDORA PO BOX 467 ALFORD, FL 32420
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PULLMAN, DELEENA 4861 TRAILOR PARK DR MARIANNA, FL 32448
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 07/28/05-80004-013 70.00

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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** **7-26-05** **850-350-4500**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #