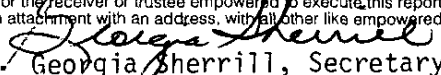


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90033 029 ****61.25

DOCUMENT # N93000004608 1. Entity Name FIRST CHRISTIAN CHURCH OF LAKE CITY, INC.					
Principal Place of Business P.O. BOX 967 LAKE CITY, FL 32056 US			Mailing Address P.O. BOX 967 LAKE CITY, FL 32056 US		
2. Principal Place of Business 403 West Duval		3. Mailing Address 			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Lake City, Florida		City & State 		4. FEI Number 59-2358745	
Zip 		Country 		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KINNAMAN, RAYMOND E 900-B LOCKLYNN AVENUE LAKE CITY, FL 32-0258				7. Name and Address of New Registered Agent 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. 4/11/04 DATE (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 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 NAME STREET ADDRESS CITY-ST-ZIP	D KINNAMAN, RAYMOND E 900-B LOCHLYNN AVENUE LAKE CITY, FL 33025	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	E ROSS, MORRIS 608 LOCKLYNN AVENUE LAKE CITY, FL 32025	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SISTRUNK, H.L. RT. 11, BOX 112-E LAKE CITY, FL 32024	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Elsie Carter 167 N. W. Austin Way Lake City, FL 32055 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HESS, LILLIAN RT. 12, BOX 238 LAKE CITY, FL 32025	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Kenneth Allen 518 Locklyn Ave Lake City, FL 32055 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 ☐ Change ☐ Addition	
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:  Georgia Sherrill, Secretary			4/11/04 DATE		386 752-2805 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					