2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 19, 2004 8:00 am Secretary of State

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DOCUMENT # N9500001876 1. Entity Name COUPLES FOR CHRIST, INC.						04-19-2004 90723 020 ****61.25				
918 MARGINAL ROAD 918		918 M	Mailing Address 918 MARGINAL ROAD WEST PALM BEACH, FL 33411		94057131					
2. Principal Place of Business 3		3. Mailir	3. Mailing Address							
Suite, Apt. #, etc.		Suite	Suite, Apt, #, etc.			04152004 C	hg-NP	CR2E037	(10/03)	
City & State		City	City & State			4. FEI Number Applied For 65-0683561 Not Applicable				
Zip	Country	Zip		Country		5. Certificate of S	tatus Desired		3.75 Add e Required	
	6. Name and Address of Cur	rent Registered	l Agent			7. Name and Add				
				Name	•			<u> </u>		
DURAN, JOSE O 918 MARGINAL ROAD WEST PALM BEACH, FL 33411				Stree	Street Address (P.O. Box Number is Not Acceptable)					
						.		·· = 1	Zip Code	<u> </u>
City								FL	•	
8. The above	named entity submits this statement	ent for the purpo:	se of changing its r	registered office	or register	ed agent, or both, in	the State of Flori	ida. Iam fam	niliar with, a	and accept
	tions of registered agent.									
SIGNATURE .										
0.0										
	Signature, typed or printed name of registered	agent and title if applic	cable. (NOTE:	: Registered Agent sig	nature required	d when reinstating)		DATE		
	Filing Fee is \$61.25 Due by May 1, 2004	agent and title if applic	9. Election Cam Trust Fund C	paign Financing		\$5.00 May Be Added to Fees		DATE ke check pi la Departmi		
10.	Filing Fee is \$61.25 Due by May 1, 2004	agent and title if applic	9. Election Cam	paign Financing) 	\$5.00 May Be	Floric	ke check p ia Departm	ent of St	ate
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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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

IATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/04 56/79308/