

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jun 30, 2004
Secretary of State**

DOCUMENT# N97000003321

Entity Name: CONTINENTAL WORSHIP CENTER, INC.

Current Principal Place of Business:

2132 HWY 90 WEST
DEFUNIAK SPRINGS, FL 32433 US

New Principal Place of Business:

Current Mailing Address:

PO BO X456
DEFUNIAK SPRINGS, FL 32435 US

New Mailing Address:

FEI Number: 59-3449150 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WILLIAMSON, WAYNE
WELTON & WILLIAMSON, P.A.
1020 FERDON BLVD. SOUTH
CRESTVIEW, FL 32536 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DS () Delete
Name: MCCORMICK, KATHALYN
Address: 2402 HWY 90 W
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: DP () Delete
Name: MCCORMICK, JAMES EDWARD
Address: 2402 HWY 90 W
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: D () Delete
Name: MCCORMICK, MICHAEL DION
Address: 97 SANTA ROSA AVENUE
City-St-Zip: WESTVILLE, FL 32464

Title: D () Delete
Name: MATTHEWS, DAVID
Address: 970 KINGS LAKE BLVD.
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHALYN MCCORMICK

DS

06/30/2004

Electronic Signature of Signing Officer or Director

Date