


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 09, 2004 8:00 am
Secretary of State

09-09-2004 90011 038 ****61.85

DOCUMENT # N98000003503 1. Entity Name EUSTIS COMMUNITY FELLOWSHIP CHURCH, INC.	
--	---

Principal Place of Business 321 W. LAKEVIEW AVE EUSTIS, FL 32726	Mailing Address 1110 SOUTH STREET EUSTIS, FL 32726
--	--

DO NOT WRITE IN THIS SPACE

24084213



06172004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3738999	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PARKS, NICIE ALLEN
 1110 SOUTH STREET
 EUSTIS, FL 32726

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$61.25
Due by September 8, 2004

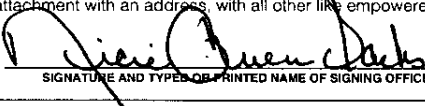
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARKS, NICIE ALLEN 1110 SOUTH STREET EUSTIS, FL 32726
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLANKEN, ANN REEVES 312 CROKED LAKE RIDGE EUSTIS, FL 32726
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOODMAN, DOROTHY 1310 JULES COURT EUSTIS, FL 32726
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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:  **9/10/04** **(352) 343-1260**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #