



**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 02, 2004 8:00 am**  
**Secretary of State**

02-02-2004 90033 008 \*\*\*\*61.25

<b>DOCUMENT # N98000004983</b>					
1. Entity Name HUNTER'S CREEK COMMUNITY CHURCH, INC.					
Principal Place of Business 123 HAND ST KISSIMMEE, FL 34741 US			Mailing Address 123 HAND ST KISSIMMEE, FL 34741 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DANIEL, GARDNER E <del>14310 ROXSHIRE DR</del> 500 MIRASOL CIRCLE, SUITE 107 <del>ORLANDO, FL 32807</del> CELEBRATION, FL 34747				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DANIEL, GARDNER		NAME		
STREET ADDRESS	<del>14310 ROXSHIRE DRIVE</del>		STREET ADDRESS	500 MIRASOL CIRCLE, SUITE 107	
CITY-ST-ZIP	<del>ORLANDO, FL 32807</del>		CITY-ST-ZIP	CELEBRATION, FL 34747	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WHITE, JIM		NAME	JOHN WEAVER	
STREET ADDRESS	1847 RICHARDSON DRIVE		STREET ADDRESS	1726 OAK BREEZE AVE.	
CITY-ST-ZIP	ST. CLOUD, FL 34774		CITY-ST-ZIP	KISSIMMEE, FL 34744	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LITTEN, BRET		NAME		
STREET ADDRESS	11919 ALAMANDA COURT		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32837		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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.					
<b>SIGNATURE:</b> 		GARDNER E. DANIEL		1/28/04 (321)939-6955	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

