2004 NO FEOR-PROFIT CORPORATION ANNUAL REPORT

1. Entity Name	, '	# N99000000 ER WORSHIP CEN			FILED \$						
Principal Place of Business 453 WEATHERSFIELD AVE. ALTAMONTE SPRINGS, FL 32714 Mailing Address 453 WEATHERSFIELD AVE. ALTAMONTE SPRINGS, FL 32								SECRETARY TALLAHASSI	GE STAT	E	
2. Principal Pl	W.OE		P.O.	3. Mailing Address			01122004 Chg-NP CR2E037 (10/03)				
City & State	ンリ		Altanonte Springs,71			1	4. FEI Number Applied For 59-3593172 Applied For Not Applicable				
3271	2	Country	3271	<u> </u>	Country		5. Certificate of Sta		\$8.75 Add Fee Required		
6. Name and Address of Current Registered Agent							7. Name and Address of New Registered Agent				
SHAW, MATTHEW J 453 WEATHERSFIELD AVEALTAMONTE SPRINGS, FL-32714							W. MATHEW J. (P.O. Box Number is Not Acceptable) OG Pomerby Circle				
						City ORLANDO FL 32810					
8. The above	named entit	y submits this statement for	or the purpose	of changing its req				the State of Florida. I am	familiar with,	and accept	
the obligations of registered agent.											
SIGNATURE Signature, types of printed name of registered gent and title if epolicable. (NOTE: Registered Agent signature required when reinstating) DATE DA											
Filling Fee is \$61.25							\$5.00 May Be Added to Fees	Make chec Florida Depa	k payable to		
10.		OFFICERS AND D	RECTORS	-	11.	AL	ODITIONS/CHANGE	S TO OFFICERS AND D	IRECTORS IN	10	
TITLE	PD			☐ Delete	TITLE	SHE	ow, Matte	new J.	Change	☐ Addition	
NAME STREET ADDRESS	SHAW, M		NAME STREET ADDRESS	670	706 Pomeroy Circle						
CITY-ST-ZIP	453 WEATHERSFIELD AVE. ALTAMONTE SPRINGS, FL 32714					00	LANDO.	H 32810	,		
TITLE	VD	☐ Delete	TITLE	SUC	Pame	la B.	Change	☐ Addition			
NAME		AMELA B			NAME	1-206 Pameroull'Incil.					
STREET ADDRESS CITY-ST-ZIP		THERSFIELD AVE. NTE SPRINGS, FL 32	714		STREET ADDRESS CITY-ST-ZIP	OR	LANDO 71	32810		,	
TITLE	ST	1112 01 111100, 12 02		Delete	TILE	-	,		☐ Change	☐ Addition	
NAME	I	, TIMOTHY D			NAME		700	mala72	767	ľ	
STREET ADDRESS		THERSFIELD AVE. NTE SPRINGS, FL 32	714		STREET ADDRESS CITY-ST-ZIP		10/19/0	0041972 401017002	? ***70;	00	
TITLE	T		.,	☐ Delete	TITLE	5110	T- CO	See M	Change	Addition	
NAME	I -	EFFREY M			NAME	222	W JETT	oron Ash W	lau	_	
STREET ADDRESS		THERSFIELD AVE.	744		* STREET ADURESS* CITY-ST-ZIP	Δ.	p12a,71	32712		* 	
CITY-ST-ZIP	DT	NTE SPRINGS, FL 32		Delete	TITLE	111-	+		Chenge	☐ Addition	
NAME	SHAW, J	OHN B		12 Delete	NAME		1700	041972 01069001	**175		
STREET ADDRESS		THERSFIELD AVE.			STREET ADDRESS				ľ	1	
CITY-ST-ZIP	ALTAMO	NTE SPRINGS, FL 32	/14	Пол	CtTY-ST-ZIP	#77k. (4	* * * * * * * * * * * * * * * * * * *	CEVEL 19	thans	Addition	
TITLE NAME				Delete	TITLE -NAME -	. *	4 3 E	TO SHEAFTER 9	A CONTRACTOR	Mirror Linguisti	
STREET ADDRESS		and the second of the second o			STREET ADDRESS				-	i	
CITY-ST-ZIP			1		CITY-ST-ZIP	1.1		F. W. T. C.		nformation	
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 frustee 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.											
10-14-04 (4-)88A-CILK											
SIGNATURE: 10-14-04 (407)880-5118 SIGNATURE: Date Destrop Printing And Printing Officer or Director Date Destrop Printing Printing Printing Destrop Des											