2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Feb 16, 2004 8:00 am Secretary of State DOCUMENT # N99000006445 02-16-2004 90044 016 ****70.00 SAN ANTONÍO COMMUNITY CHURCH, INC. Principal Place of Business Mailing Address 31345 SR 52 P 0 BOX 697 24011085 SAN ANTONIO, FL 33576 SAN ANTONIO, FL 33576 2. Principal Place of Business 3. Mailing Address 31251 SR52 Suite, Apt. #, etc. Chg-NP CR2E037 (10/03) City & State City & State 4. FEI Numbe Applied For SAN ANTONIO 59-3580461 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STEVENS, BRADLEY, J. Street Address (P.O. Box Number is Not Acceptable) 9749 WALLASTON DR DADE CITY, FL 33525 City Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE " 9. Election Campaign Financing Filing Fee is \$61.25 Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2004 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. 10. TITÉE Delete TITLE ☐ Change ☐ Addition REED, DAPHNE S NÁME NAME 37349 MARCO LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DADE CITY, FL 33525 .--CITY-ST-ZIP TITLE TITLE ☐ Change Addition ☐ Delete WHITE, JOHN NAME NAME 11553 LINDA LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DADE CITY, FL 33525 CITY-ST-ZIP Change ☐ Addition TITLE Delete HENDEN, JAMEST, NAME FAULK, THELMA NAME 36325 LAKE PASADENA ROAD STREET ADDRESS 9448 KENION ROAD STREET ADDRESS DADE CITY, FL_33525 CITY-ST-ZIP CITY-ST-ZIP WESLEY CHAPEL, FL 33544 ☐ Change TITLE □ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ... ■ Addition SEMPE L NAME NAME ENFO OWNER OF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP- --. CITY_ST-ZIP_ 12. Thereby 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. 352-567-4885 Daphne S. Keed 2-9-04

FILED