2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

04 OCT -6 AH 9: 10 **DOCUMENT #714777** SAINT PETERS CHURCH, INC. SECRETARY OF STATE TALLAMASSEE. FLORIDA Principal Place of Business Mailing Address 1416 SE 2ND TERR 1416 SE 2ND TERR DEERFIELD BCH, FL 33441 DEERFIELD BCH, FL 33441 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 09232004 Chg-NP CR2E037 (10/03) 4. FEI Number 59-1215881 City & State City & State Applied For Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BALLOU, FRED L. 2021 N.E. 31ST STREET Street Address (P.O. Box Number is Not Acceptable) LIGHTHOUSE POINT, FL 33064 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** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstaling) DATE 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to Due by September 8, 2004 Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Delete TITLE TITLE ☐ Change ☐ Addition BALLOU, FRED L NAME NAME STREET ADDRESS 2021 N. E. 31ST ST STREET ADDRESS LIGHTHOUSE PT. FL 33064 CITY-ST-ZIP CITY-ST-ZIP TITLE TD ☐ Delete TITLE ☐ Change ☐ Addition BALLOU, DEBBIE NAME NAME 2006 NE 33RD STREET STREET ADDRESS STREET ADDRESS LIGHTHOUSE POINT, FL 33064 CITY-ST-ZIP CITY-ST-ZIP SD TITLE ☐ Delete TITLE ☐ Change ☐ Addition SMITH, M. TRACY NAME NAME STREET ADDRESS 7400 NW 18TH STREET, # 105 STREET ADDRESS CITY-ST-ZIP MARGATE, FL 33063 CITY-ST-ZIP TITLE ☐ Delete ~~ TITLE ☐ Change - ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

2. Thereby certify that the information indicated on the supplied with this filling 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 in supplier per least of the corporation or the receiver of fustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if the corporation or the receiver of fustee empowered.

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