

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 08, 2004
Secretary of State**

DOCUMENT# 702017

Entity Name: PINE CASTLE METHODIST CHURCH INC

Current Principal Place of Business:

ATTENTION - FINANCIAL SECRETARY
731 EAST FAIRLANE AVENUE
ORLANDO, FL 32809

New Principal Place of Business:

Current Mailing Address:

5933 RANDOLPH AVENUE
ORLANDO, FL 32809

New Mailing Address:

FEI Number: 59-0816459 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OLECK, CHRISTIAN
5933 RANDOLPH AVENUE
ORLANDO, FL 32809 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FANNIN, PAUL
Address: 4065 TERIWOOD AVE.
City-St-Zip: ORLANDO, FL 328127945

Title: SD () Delete
Name: OLECK, CHRISTIAN
Address: 5933 RANDOLPH AVENUE
City-St-Zip: ORLANDO, OR 32809

Title: VD () Delete
Name: KUCK, DUANE
Address: 2549 OAK ISLAND PT RD
City-St-Zip: ORLANDO, FL 328096459

Title: T () Delete
Name: DEARRIGOITIA, ERIC
Address: 6761 SCIMITAR AVE
City-St-Zip: ORLANDO, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTIAN OLECK

SD

01/08/2004

Electronic Signature of Signing Officer or Director

Date