


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005 08:00 AM
Secretary of State

DOCUMENT # 702432
 1. Entity Name
HOMESTEAD CHURCH OF CHRIST, INC.



Principal Place of Business Mailing Address
 17700 SW 280 ST 17700 SW 280 ST
 HOMESTEAD, FL 33031-3309 HOMESTEAD, FL 33031-3309



DO NOT WRITE IN THIS SPACE

02272005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1195180	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 THOMPSON, ORLANDO B SR.
 820-I N. FRANKLIN AVE.
 HOMESTEAD, FL 33034

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD THOMPSON, ORLANDO B SR. 820-I N. FRANKLIN AVE. HOMESTEAD, FL 33034
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SUGGS, JERRY 16835 SW 192 STREET MIAMI, FL 33187
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD WALDBILLIG, THEODORE W 16940 SW 176 STREET HOMESTEAD, FL 33031
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD VORNLOCKER, DUANE 13833 SW 281 ST HOMESTEAD, FL 33033
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000258698
 03/10/05-80051-008 61.25

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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.

SIGNATURE: *Theodore W. Waldbillig* *Theodore W. Waldbillig* 3/6/05 305-205-6234
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #