


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90236 038 ****61.25

DOCUMENT # 702615 1. Entity Name LAKE BUTLER CHURCH OF CHRIST INC		
Principal Place of Business 435 NW 2ND ST. LAKE BUTLER FL 32054	Mailing Address 435 NW 2ND ST. LAKE BUTLER FL 32054	
2. Principal Place of Business 475 NW 2nd Street Suite, Apt. #, etc.	3. Mailing Address 475 NW 2nd Street Suite, Apt. #, etc.	
City & State Lake Butler FL	City & State Lake Butler FL	
Zip 32054	Country USA	
6. Name and Address of Current Registered Agent		4. FEI Number 59-2249906
7. Name and Address of New Registered Agent		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

14021885



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent HENDRICKS, BRYAN ROUTE 4, BOX 2398 LAKE BUTLER FL 32054		7. Name and Address of New Registered Agent Name Larry Hendricks Street Address (P.O. Box Number is Not Acceptable) Rt. 1 Box 332D Lake Butler FL City FL Zip Code 32054	
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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: *Larry Hendricks* **Larry Hendricks** DATE: **4-25-04**

(NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	DS	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HENDRICKS, BRYAN			NAME			
STREET ADDRESS	RT. 4 BOX 2398			STREET ADDRESS			
CITY-ST-ZIP	LAKE BUTLER FL			CITY-ST-ZIP			
TITLE	DP	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CRAWFORD, RAY			NAME			
STREET ADDRESS	ROUTE 2, BOX 298 HWY 238			STREET ADDRESS			
CITY-ST-ZIP	LAKE BUTLER FL			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CRAWFORD, LEE			NAME			
STREET ADDRESS	P.O. BOX 135, NA			STREET ADDRESS			
CITY-ST-ZIP	LAKE BUTLER FL			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KELLER, RONNIE			NAME			
STREET ADDRESS	ROUTE 5, BOX 5940			STREET ADDRESS			
CITY-ST-ZIP	LAKE BUTLER FL 32054			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HENDRICKS, HERMAN			NAME			
STREET ADDRESS	ROUTE 4, BOX 2010			STREET ADDRESS			
CITY-ST-ZIP	LAKE BUTLER FL 32054			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROBERTS, WAYNE			NAME			
STREET ADDRESS	ROUTE 4, BOX 2188			STREET ADDRESS			
CITY-ST-ZIP	LAKE BUTLER FL 32054			CITY-ST-ZIP			

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: *Larry Hendricks* **Larry Hendricks** DATE: **4-25-04** DAYTIME PHONE #: **386-496-2651**