


# 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

<b>DOCUMENT # 702615</b>		
1. Entity Name <b>LAKE BUTLER CHURCH OF CHRIST INC</b>		
Principal Place of Business <b>435 NW 2ND ST. LAKE BUTLER FL 32054</b>		Mailing Address <b>435 NW 2ND ST. LAKE BUTLER FL 32054</b>
2. Principal Place of Business <b>475 NW 2nd Street</b>	3. Mailing Address <b>475 NW 2nd Street</b>	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State <b>Lake Butler FL</b>	City & State <b>Lake Butler FL</b>	
Zip <b>32054</b>	Country <b>USA</b>	Zip <b>32054</b>
Country <b>USA</b>		

14021885



MOORE CR2E037 (11/03)

4. FEI Number <b>59-2249906</b>		Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>HENDRICKS, BRYAN ROUTE 4, BOX 2398 LAKE BUTLER FL 32054</b>		7. Name and Address of New Registered Agent Name <b>Larry Hendricks</b> Street Address (P.O. Box Number is Not Acceptable) <b>Rt. 1 Box 3320</b> <b>Lake Butler FL</b> City <b>FL</b> Zip Code <b>32054</b>	
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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** DATE **4-25-04**

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HENDRICKS, BRYAN RT. 4 BOX 2398 LAKE BUTLER FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CRAWFORD, RAY ROUTE 2, BOX 298 HWY 238 LAKE BUTLER FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRAWFORD, LEE P.O. BOX 135, NA LAKE BUTLER FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLER, RONNIE ROUTE 5, BOX 5940 LAKE BUTLER FL 32054 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENDRICKS, HERMAN ROUTE 4, BOX 2010 LAKE BUTLER FL 32054 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTS, WAYNE ROUTE 4, BOX 2188 LAKE BUTLER FL 32054 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE **4-25-04** 386-496-2651

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #