

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2004 08:00 AM
Secretary of State

DOCUMENT # 704125
 1. Entity Name
BELLE GLADE CHURCH OF CHRIST PROPERTIES, INC.



Principal Place of Business Mailing Address
 125 NW AVENUE D 125 NW AVENUE D
 BELLE GLADE, FL 33430 US BELLE GLADE, FL 33430 US



01072004 No Chg-NP CR2E037 (10/03)

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4. FD Number Applied For
65-0064171 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
MARSICANO, RUDOLPH
1433 NW F PL
BELLE GLADE, FL 33430

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2004

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	VD COPEN, GARY 18 NE AVENUE F BELLE GLADE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PRIEST, A 157 N E 3 STREET BELLE GLADE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUNTER, KENZIE L. 917 SW AVE G. PL BELLE GLADE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARSICANO, RUDOLPH 1433 NW F PL BELLE GLADE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PELHAM, JOHN 101 4TH STREET CANAL POINT, FL 33438
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/15/04-R0053-022 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)(f), 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: *A.T. Priest* **A.T. Priest**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 13, 2004 **Jan. 13, 2004** *561-996-6131*
 Date Daytime Phone