2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #706768

FILED Jan 10, 2005 8:00 am Secretary of State

01-10-2005 90019 049 ****70.00

1. Entity Nam FIRST CH INC.	HRISTIAN CHURCH OF DU	INEDIN, FLORIDA,						
Principal Place of Business 1400 SAN CHRISTOPHER DR. DUNEDIN, FL 34698		Mailing Address 1400 SAN CHRISTOPHER DR. DUNEDIN, FL 34698				50	0011	27
2. Principal P	lace of Business	3. Mailing Address	·					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01072005	Chg-NP		7 (10/03)	
City & State		City & State		4. FEI Numb 59-102	er 25602		 - 	plied For
Zip	Country	Zip	Country	5. Certificate	e of Status Desired		\$8.75 Add	litional
	_6. Name and Address of Current	Registered Agent		7. Name and	Address of New	v Registered A	gent	
SWAN, CL	IRTIS W		Name	•			-	
1900 BRA	E MOOR DR. , FL 34698	Str		Address (P.O. Box Number is Not Acceptable)				
			City		_	FL	Zip Code	9
8. The above	named entity submits this statement folions of registered agent.	or the purpose of changing its re	gistered office o	r registered agent, or b	h, in the State of	Florida. I am fa	amiliar with,	and accept
tile obligat	· ·		*	/ // /		,		
				" " " " " " " " " " " " " " " " " " " "				
SIGNATURE	CURTIS WISWA	, , , , , , , , , , , , , , , , , , , 		est.		<u>/-7</u>	<u>که - ۲</u>	
SIGNATURE	CATIS W.JWA Signature, typed or printed name of registered agent	, , , , , , , , , , , , , , , , , , , 		ture required when reinstalling)		DATE	که-۲	
SIGNATURE		, , , , , , , , , , , , , , , , , , , 	egistered Agent signal	\$5.00 May Added to Feet		<u> </u>	payable to	• • •
SIGNATURE	Signature, typed or printed name of registered agent Filing Fee Is \$61.25 Due by May 1, 2005 OFFICERS AND DI	9. Election Camp Trust Fund Cor	egistered Agent signal	\$5.00 May Added to Fees		DATE Make check lorida Depart	payable to ment of St	o ate
10.	Signature, typed or printed name of registered agent Filling Fee Is \$61.25 Due by May 1, 2005 OFFICERS AND DI	9. Election Camp Trust Fund Cor	egistered Agent signal eign Financing ntribution.	\$5.00 May Added to Fees	F	DATE Make check lorida Depart	payable to ment of St	o ate
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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 hall 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 employered 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 additional statute of the corporation of the corporati

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

SWAN, CHANCE

CLEARWATER, FL 33763

STREET ADDRESS 2220 SPANISH DR. #28

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mec E. Smith 1-705 727-733-480