


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90092 006 ****69.90

DOCUMENT # 717308		
1. Entity Name GARDEN CITY CHURCH OF CHRIST, INC.		

Principal Place of Business 2611 AVENUE I FORT PIERCE FL 34947 US	Mailing Address 1402 AVENUE G FORT PIERCE FL 34950
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/04)

4. FEI Number **71-7308662**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent SIRMONS, FRED J 1402 AVENUE G FORT PIERCE FL 34950		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		Zip Code	

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

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, ISAAC	NAME	
STREET ADDRESS	3081 HAMMOND ROAD	STREET ADDRESS	
CITY - ST - ZIP	FORT PIERCE FL 34946	CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIRMONS, FRED <i>Fred Sirmons</i>	NAME	
STREET ADDRESS	1402 AVE G	STREET ADDRESS	
CITY - ST - ZIP	FORT PIERCE FL 34950 <i>Director</i>	CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIRMONS, FRED	NAME	
STREET ADDRESS	1402 AVENUE G	STREET ADDRESS	
CITY - ST - ZIP	MELBOURNE FL 32904	CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, SAMMY SR	NAME	
STREET ADDRESS	2802 AVENUE H	STREET ADDRESS	
CITY - ST - ZIP	FT PIERCE FL	CITY - ST - ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WORTHAM, WILLIE	NAME	
STREET ADDRESS	3005 IROQUOIS AVE	STREET ADDRESS	
CITY - ST - ZIP	FT PIERCE FL	CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIRMONS, JONAS W.	NAME	
STREET ADDRESS	3128 SENECA AVE	STREET ADDRESS	
CITY - ST - ZIP	FORT PIERCE FL 34946	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: *Fred Sirmons Director* 3-805-772-461-2499
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #