

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 717379

**FILED**  
**Sep 15, 2004**  
**Secretary of State****Entity Name:** FELLOWSHIP OF CHRISTIAN LOVE, INC.**Current Principal Place of Business:**435 CROSSBEAM CIRCLE EAST  
CASSELBERRY, FL 32707 US**New Principal Place of Business:**1320 ROCK SPRINGS DRIVE  
MELBOURNE, FL 32940 US**Current Mailing Address:**435 CROSSBEAM CIRCLE EAST  
CASSELBERRY, FL 32707 US**New Mailing Address:**1320 ROCK SPRINGS DRIVE  
MELBOURNE, FL 32940 US**FEI Number:** 59-1286909**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**SNYDER, THOMAS  
435 CROSSBEAM CIRCLE EAST  
CASSELBERRY, FL 32707 US**Name and Address of New Registered Agent:**SNYDER, THOMAS  
1320 ROCK SPRINGS DRIVE  
MELBOURNE, FL 32940 US

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.

SIGNATURE: THOMAS SNYDER

09/15/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: STD ( ) Delete  
Name: SNYDER, AGATHA N  
Address: 435 CROSSBEAM CIRCLE EAST  
City-St-Zip: CASSELBERRY, FL 32707

Title: PD ( ) Delete  
Name: SNYDER, THOMAS  
Address: 435 CROSSBEAM CIRCLE EAST  
City-St-Zip: CASSELBERRY, FL 32707

Title: D (X) Delete  
Name: FLEURY, LISA  
Address: 200 MAITLAND AVE. , APT. 231  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D (X) Delete  
Name: GRIFFITH, FRANKIE  
Address: 635-117 RED OAK CIRCLE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D (X) Delete  
Name: THOMAS, SALLIE  
Address: 7429 E. ANTIETAM COURT EAST  
City-St-Zip: WINTER PARK, FL 32792

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: STD (X) Change ( ) Addition  
Name: SNYDER, AGATHA N  
Address: 11320 ROCK SPRINGS DRIVE  
City-St-Zip: MELBOURNE, FL 32940

Title: PD (X) Change ( ) Addition  
Name: SNYDER, THOMAS  
Address: 1320 ROCK SPRINGS DRIVE  
City-St-Zip: MELBOURNE, FL 32940 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS SNYDER

PD

09/15/2004

Electronic Signature of Signing Officer or Director

Date