## 2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT # 719891 1. Entity Name 05 BEC -5 PN 2:41 FLORIDA CHRISTIAN APARTMENTS, INC. SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEL, FLORIDA 1115 S. EDGEWOOD AVENUE C/O NATIONAL BENEVOLENT ASSOC.-HOLLON JACKSONVILLE, FL 32205 11780 BORMAN DRIVE ST. LOUIS, MO 63146 US 2. Principal Place of Business 3. Mailing Address 15 S. Suite, Apt. #, etc. Suite, Apt. #, etc. 10262005 Cha-NP CR2E037 (10/03) Applied For City & State City & State 4. FEI Numbe 59-1737422 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY 1201 HAYS STREET Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE, FL 32301 City 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 9. Election Campaign Financing Make check payable to \$5.00 May Be Amended AR is \$61.25 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD المحتويلا TITLE **⊠**/Delete TITLE Change Addition Roded Oaks NAME HAGEMANN, DENNIS NAME neverour 5319 Sael STREET ADORESS 11780 BORMAN DRIVE STREET ADDRESS bsbv. CITY-ST-ZIP ST. LOUIS, MO 63146 CITY-ST-ZIP 3226 Janksonville FL VD TITLE Delete mis ☐ Change ☐ Addition HENDEL, DAVID NAME NAME 200061915952 STREET ADDRESS 11780 BORMAN DRIVE STREET ADDRESS 12/05/05--01070--010 #料7020 ST. LOUIS, MO 63146 CITY-ST-ZIP CITY-ST-ZIP STD TITLE Malete TITLE Change ■ Addition ZIMMERMAN, GARY NAME 11780 BORMAN DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ST. LOUIS, MO 63146 CITY-ST-7IP MLE १८६८ ☐ Delete TITLE Change Change ☐ Addition Hall, Richard I. II MAME NAME 2841 -Rioonside Moe STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 3020E Taakeunoille.FL TITLE ☐ Delete TILLE ☐ Change ☐ Addition Karcay E. C. NAME NAME SRO JORONA DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP るこのにな CITY-ST-ZIP TITLE ☐ Change ■ Addition NAME MALIF STREET ADDRESS DISEE CHOOMEDIO EX. STREET ADDRESS Jacksonville, FL 32020 CITY-ST-ZIP 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. 11/2/05 Date

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: