2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 12, 2004 08:00 AM DOCUMENT # 720264 **Secretary of State** 1. Entity Name FOURTEENTH AVENUE CHURCH OF CHRIST, INC. Principal Place of Business Mailing Address 3737 - 14TH AVE. NORTH SAINT PETERSBURG FL 33713 3737 - 14TH AVE, NORTH SAINT PETERSBURG FL 33713 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. CR2E037 (11/03) City & State City & State 4. FEI Number Applied For 59-0879137 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MARLOW, HARRY SR Street Address (P.O. Box Number is Not Acceptable) 5440 72ND AVE N PINELLAS PARK FL 33781 City Zin 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 little if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 Make Check Payable to \$5.00 May Be Due By May 1, 2004 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE TITLE ☐ Delete Change ☐ Addition HERMAN, JUDAH NAME NAME U000000048466 4574 15TH AVE N STREET ADDRESS STREET ADDRESS 02/12/04-80081-015 61.25 SAINT PETERSBURG FL 33713 CITY ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition MARLOW, HARRY SR. NAME NAME 5440 72 AVE NO STREET ADDRESS STREET ADDRESS PINELLAS PARK FL 33781 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Спапре ☐ Addition WILLIAMS, DOYLE NAME NAME 4034 29TH AVE N STREET ADDRESS STREET ADDRESS ST PETERBURG FL 33713 CffY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition MALJE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIP THE ☐ Delete TITL F Change ☐ Addition NAME NAME STREET ADDRESS STREET AUDRESS CITY - ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 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.

SIGNATURE:

FILED