## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Aug 22, 2005 8:00 am Secretary of State

DOCUMENT # 720264  1. Entity Name FOURTEENTH AVENUE CHURCH OF CHRIST, INC.					08	-22-2005 9	20060 019 ****61.	25	
Principal Place of Business  3737 - 14TH AVE. NORTH SAINT PETERSBURG, FL 33713 US  Mailing Address  3737 - 14TH AVE. NORTH SAINT PETERSBURG, FL 33713 US							5006263	2	
2. Principal Place of Business 3. Ma			3. Mailing Address	ailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		ng-NP	CR2E037 (10/03)			
City & State		City & State		4. FEI Number 59-087913	7		plied For ot Applicable		
Zip	Zip Country		Zip	Zip Country		Certificate of Status Desired			
	6. Name ar	d Address of Current F	Registered Agent	Nome	7. Name and Add	ress of New I	Registered Agent		
MARLOW, HARRY SR					Name				
5440 72ND AVE N PINELLAS PARK. FL 33781				Street Address (		(P.O. Box Number is Not Acceptable)			
TINELLAG	71 AIXX, 1 L	33731							
				City	City FL Zip Code				
	tions of registere	ed agent.	the purpose of changing its r			the State of F		and accept	
	Signature, typed or i	printed name of registered agent a	THE III APPRICADIO. (1101)	Hegisterea Agent signature re	equired when reinstating)		DATE		
D	Filing Fee		9. Election Cam Trust Fund Co	paign Financing	<b>\$5.00</b> May Be		Make check payable t rida Department of S		
<b>D</b>	Filing Fee	is <b>\$61.25</b>	9. Election Cam Trust Fund Co	paign Financing	\$5.00 May Be Added to Fees	Flo	Make check payable t rida Department of S ERS AND DIRECTORS IN	tate	
	SD HERMAN, J	is \$61.25 ember 7, 2005 OFFICERS AND DIF	9. Election Cam Trust Fund Co	paign Financing ontribution.	\$5.00 May Be Added to Fees	Flo	Make check payable t rida Department of S	tate	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	SD HERMAN, J 4574 15TH / SAINT PETE	is \$61.25 ember 7, 2005 OFFICERS AND DIF UDAH AVE N ERSBURG, FL 33713	9. Election Cam Trust Fund Co	paign Financing ontribution.   11.  IIILE NAME STREET ADDRESS CITY-ST-ZIP  TITLE	\$5.00 May Be Added to Fees	Flo	Make check payable t rida Department of S ERS AND DIRECTORS IN	tate	
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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 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: DOYLE WILLIAMS SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylime Phone #