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

Mar 09, 2004 8:00 am **Secretary of State DOCUMENT # 722682** 1. Entity Name 03-09-2004 90014 045 ****61.25 COMMUNITY PRESBYTERIAN CHURCH OF ENGLEWOOD, INC. Principal Place of Business Mailing Address 405 S MCCALL ROAD 405 S MCCALL ROAD **ENGLEWOOD FL 34223 ENGLEWOOD FL 34223** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State 4. FEI Number Applied For 59-0651079 Not Applicable Zip 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 BRENNER, GARY MURDOCK-ANNE -- ---Street A 7194 DATELAND STREET 428 CYPRESS FOREST DRIVE **ENGLEWOOD FL 34223** ENGLEWOOD, FL 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) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delete TITLE Change 1 Addition PRESIDENT LARGENT, WAYNE ROSENBERG FDWARD NAME NAME 30 PEARL STREET 2 BERMUDA CIRCLE STREET ADDRESS STREET ADDRESS ENGLEWOOD, FL 34223 ENGLEWOOD FL 34223 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition BINGHAM, JIMMY NAME NAME 7930 MANASOTA KEY ROAD STREET ADDRESS STREET ADDRESS ENGLEWOOD FL 34223 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TIT! F ☐ Change ☐ Addition BRENNER, GARY D NAME NAME 7194-DATELAND STREET-STREET ADDRESS STREET ADDRESS **ENGLEWOOD FL 34224** CITY - ST- 7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition DAVISON, JOHN NAME NAME 55 CEDAR STREET STREET ADDRESS STREET ADDRESS **ENGLEWOOD FL 34223** CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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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