


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 26, 2004 8:00 am**  
**Secretary of State**

01-26-2004 90006 026 \*\*\*\*61.25

<b>DOCUMENT # 724497</b> 1. Entity Name <b>THE CARPENTER'S HOME CHURCH, INC.</b>					
Principal Place of Business <b>777 CARPENTER'S WAY LAKELAND, FL 33804-2020 US</b>			Mailing Address <b>P.O. BOX 995020 LAKELAND, FL 33809-3921 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		<b>34000625</b>	
City & State		City & State		01212004 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number <b>59-1140771</b>	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>SIMMONS, SHANE A. 777 CARPENTER'S WAY LAKELAND, FL 33809</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SIMMONS, SHANE A. 1328 EDGEWATER BEACH DR LAKELAND, FL 33805	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCP STRADER, KARL 777 CARPENTER'S WAY LAKELAND, FL 33809	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS GILLMAN, GREGORY L 1558 SIR HENRY'S TRAIL LAKELAND, FL 33809	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR BAILEY, MICHAEL 11645 THONOTOSASSA RD THONOTOSASSA, FL 33592	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR JOHNSON, MALLORY 707 CARPENTERS WAY LAKELAND, FL 33809	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR MILLER, JOHN 3508 SYDNEY RD PLANT CITY, FL 33567	<input type="checkbox"/> Delete			
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.					
<b>SIGNATURE:</b> _____			Date <b>1/21/04</b> Daytime Phone # <b>(863) 559-1477</b>		

~~Attachment~~

Additional Officer/Directors

Document # 724497

TR

Mourey, Diana

828 Winnie Lane

Lakeland, FL 33815

TR

Townsend, Dwayne

7052 Hazeltine Circle

Lakeland, FL 33810

TR

Vespa, David

1444 Wyngate Drive

Lakeland, FL 33809

TR

Watson, Robert

1101 Mendonsa Road

Plant City, FL 33566