## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#728680** 

FILED Jan 24, 2005 Secretary of State

Entity Name: OLD CUTLER CHRISTIAN COMMUNITY SERVICES, INC.

**New Principal Place of Business: Current Principal Place of Business:** 14401 OLD CUTLER ROAD MIAMI, FL 33158 **Current Mailing Address: New Mailing Address:** 14401 OLD CUTLER ROAD MIAMI, FL 33158 FEI Number: 23-7371068 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JENSEN, ROBERT W ESQ 4675 PONCE DE LEON BLVD., SUITE 305 CORAL GABLES, FL 33146 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete JENSEN, ROBERT W Name: Name: 13151 SW 71 AVE. Address: Address: City-St-Zip: MIAMI, FL 33156 City-St-Zip: Title: VD Title: ( ) Delete () Change () Addition Name: ROGERS, CHARLES F Name: Address: 7400 SW 105 PL. Address: City-St-Zip: MIAMI, FL 33173 City-St-Zip: Title: () Delete Title: () Change () Addition JOHNSON, GEORGE F Name: Name: 6842 SW 144 TERR Address: Address: City-St-Zip: MIAMI, FL 33158 City-St-Zip: Title: TD ( ) Delete Title: TD (X) Change ( ) Addition Name: SHIFFER, BROCK Name: BROWN, GEORGE 9221 SW 70TH STREET Address: 19035 BEL AIRE DRIVE Address: City-St-Zip: MIAMI, FL 33157 City-St-Zip: MIAMI, FL 33173

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GEORGE JOHNSO SD 01/24/2005