


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90011 027 ****61.25

DOCUMENT # 734193 1. Entity Name INSTITUTE FOR CHRISTIAN STUDIES, INC.					
Principal Place of Business 1017 E. ROBINSON STREET ORLANDO, FL 32801 US			Mailing Address 1017 E. ROBINSON STREET ORLANDO, FL 32801 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-1611206	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BRONDSTED, LINDA REV. 1017 EAST ROBINSON ST ORLANDO, FL 32801					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 <u>Linda J. Brondsted</u> DATE <u>1-27-04</u> <small>Signature, typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent signature required when re-registering)</small>					
Filing Fee is \$61.25 Due by May 1, 2004			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRONDSTED, LINDA REV 130 N. MAGNOLIA AVENUE ORLANDO, FL 32801	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CAROLYN PETERSEN 4709 WATERWITCH POINT ROAD ORLANDO, FL 32806	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD CASTRO, RUINEL REV 155 CLARK ST ENTERPRISE, FL 32725	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD KURTZ, JAMES E, REV. 6600 NW LAKEVIEW DR. SEBRING FL 33870	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOWE, JOHN W 1017 E. ROBINSON ST. ORLANDO, FL 32801	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDWARD CUNDIFF 14 GLENDALE DR. KISSIMMEE, FL 34744	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRUNO, PAUL 608 LONGMEADOW CIRCLE LONGWOOD, FL 32779	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NANCY KLINE 442 W. MINNESOTA AVE. DELAND FL 32920	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HAMILTON, REV. ROGER 2499 N WEST MORELAND DR ORLANDO, FL 32804	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BIGGS, CAROLYN REV 4110 S. RIDGEWOOD AVE PORT ORANGE, FL 32129	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINDA KRONMONT 2104 GOLDEN ARM RD. DELTONA FL 32738	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: <u>Linda J. Brondsted</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>1-27-04</u> Daytime Phone # <u>800-299-3567</u>	

Attachment
2405874

2004 Not-for-Profit Corporation
Annual Report

Document #734193
Additions for Block 11

D
Mackinnon, Cynthia
Orange County Courthouse
425 South Orange Avenue Room 1745
Orlando, FL 32806

Jinda J. Bonsted
1/27/04

D
Pittinger, Beth
500 Florida Street
Orlando, FL 32806

D.
Smith, Dabney
Holy Trinity Episcopal Church
50 West Strawbridge Avenue
Melbourne, FL 32901