


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 01, 2005 8:00 am
Secretary of State

02-01-2005 90032 039 ****61.25

DOCUMENT # 736138 1. Entity Name LARGO CHRISTADELPHIAN ECCLESIA, INCORPORATED					
Principal Place of Business 12212 104TH LANE NORTH LARGO FL 33773			Mailing Address 12212 104TH LANE NORTH LARGO FL 33773		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2872188 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent LEWIS, STEPHEN 14196 MARK DR NE LARGO FL 33774	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>				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 _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		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	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GUERIN, MARCEL		NAME		
STREET ADDRESS	8333 SEMINOLE BLVD APT 620		STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE FL 33772		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEWIS, STEPHEN		NAME		
STREET ADDRESS	14196 MARK DR		STREET ADDRESS		
CITY-ST-ZIP	LARGO FL 33774		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DODRILL, WALT		NAME		
STREET ADDRESS	5174 HORSESHOE PLACE NE		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG FL 33703		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GHEENT, CHARLES		NAME		
STREET ADDRESS	677 PINWOOD DRIVE		STREET ADDRESS		
CITY-ST-ZIP	DUNEDIN FL 34698		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROBINSON, ARNOLD		NAME		
STREET ADDRESS	12213-104TH LANE N.		STREET ADDRESS		
CITY-ST-ZIP	LARGO FL 34643		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	D WALKER, MARTIN E.	
STREET ADDRESS			STREET ADDRESS	6901-18TH STREET N.	
CITY-ST-ZIP			CITY-ST-ZIP	ST. PETERSBURG, FL. 33703	
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: <i>Marcel J. Guerin</i> - MARCEL J. GUERIN JAN. 26, 2005 (727) 391-5067					
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					