

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

FILED
May 12, 2004 8:00 am
Secretary of State

05-12-2004 90205 038 ****61.25

DOCUMENT # 737608

1. Entity Name

H. T. CHRISTIAN CENTER, INC.



Principal Place of Business

820 N. 11TH STREET
P.O. BOX 1033
PALATKA FL 32178

Mailing Address

P.O. BOX 1033
PALATKA FL 32178

24074800



MOORE

CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

05-0026100

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SINGLETON, RUBY L
6907 ST JOHNS AVE.
PALATKA FL 32177

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MURRAY, AMOS JR. ☐ Delete
STREET ADDRESS 716 N. 19TH STREET
CITY-ST-ZIP PALATKA FL

TITLE VD
NAME MURRAY, RUTHA MAE ☐ Delete
STREET ADDRESS 716 N. 19TH STREET
CITY-ST-ZIP PALATKA FL

TITLE FSD
NAME ESAU, EVELYN V ☐ Delete
STREET ADDRESS 151 VINE STREET
CITY-ST-ZIP EAST PALATKA FL 32131

TITLE T
NAME WORD, LUGENE ☐ Delete
STREET ADDRESS RT. 8, BOX 363, 108 PHILLIPS DAIRY RD
CITY-ST-ZIP PALATKA FL 32177

TITLE C
NAME SINGLETON, HENRIETTA ☐ Delete
STREET ADDRESS 891 NORTH CLAY STREET
CITY-ST-ZIP ST. AUGUSTINE FL

TITLE M
NAME HALL, GREGORY K ☐ Delete
STREET ADDRESS 716 N 19TH ST.
CITY-ST-ZIP PALATKA FL 32177

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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: *Rutha Mae Murray - Rutha Mae Murray* 5/10/04 386-328-5594
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #