
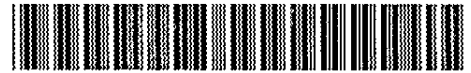


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2004 08:00 AM
Secretary of State

| | | |
|---|---------------------|---|
| DOCUMENT # 740103 1. Entity Name PINECASTLE CHURCH OF CHRIST, INC. | |  |
| Principal Place of Business 21 WEST LANCASTER ROAD ORLANDO FL 32809 | | Mailing Address 21 WEST LANCASTER ROAD ORLANDO FL 32809 |
| 2. Principal Place of Business | 3. Mailing Address | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | |
| City & State | | City & State |
| Zip | Country | Zip Country |



MOORE CR2E037 (11/03)

| | | |
|---|--|--|
| 4. FEI Number NO-T APPLICABLE | | <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required |
| 6. Name and Address of Current Registered Agent POLI, ANNA G. 21 WEST LANCASTER ROAD ORLANDO FL 32809 | | 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 _____ (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. <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 | PD BUSH, ERNEST L. 3202 HIDALGO DR. ORLANDO FL | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP <div style="text-align: center; font-size: small;"> U00000042380 02/10/04-80021-025 61.25 </div> |
| TITLE | TD SLOAN, DEAN 2450 NELA AVE. ORLANDO FL | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | D TRITT, ROBERT F. 5450 PECOS ST. ORLANDO FL | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | SD HALLADAY, GLENN H 2429 HOMEWOOD DR ORLANDO FL 32809 | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | VD WATSON, JAMES CARL 2541 ACRES CT KISSIMMEE FL 34744 | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input 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)(f), 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: *Ernest L. Bush / Ernest L. Bush, Pres/Dir. 2/6/04 (407)851-7197*