

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 20, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 741544**

1. Entity Name  
**A CHRISTIAN'S VIEWPOINT, INC.**



Principal Place of Business  
**1001 ROGER WILLIAMS  
APOPKA, FL 32703 US**

Mailing Address  
**1001 ROGER WILLIAMS  
APOPKA, FL 32703 US**

**DO NOT WRITE IN THIS SPACE**



04082004 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-1803090</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fees Required

**6. Name and Address of Current Registered Agent**

**BOOK, JOHN B.  
230 W. VENTRIS AVE.  
MAITLAND, FL**

**DO NOT WRITE  
IN THIS SPACE**

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

*John B. Book*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*4/13/04*

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U000000121496  
04/20/04-80054-009 70.00

**10. OFFICERS AND DIRECTORS**

TITLE	STD
NAME	BOOK, SUE H.
STREET ADDRESS	230 VENTRIS
CITY- ST- ZIP	MAITLAND, FL
TITLE	DP
NAME	BOOK, JOHN B
STREET ADDRESS	230 W VENTRIS AVE
CITY- ST- ZIP	MAITLAND, FL
TITLE	D
NAME	BOOK, JOHN B, JR
STREET ADDRESS	210 VENTRIS AVENUE
CITY- ST- ZIP	MAITLAND, FL 32751
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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IN THIS SPACE**

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:**

*Sue H. Book*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

*April 8, 2004* *407-884-0031*