


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 08:00 AM
Secretary of State

DOCUMENT # 741636	
1. Entity Name FIRST CHRISTIAN CHURCH OF HOMOSASSA SPRINGS, FLORIDA, INC.	

Principal Place of Business 7030 W GROVER CLEVELAND BLVD HOMOSASSA SPRINGS, FL 34446 US	Mailing Address GROVER CLEVELAND BLVD, PO BOX 1806 HOMOSASSA SPRINGS, FL 34447 US
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DO NOT WRITE IN THIS SPACE



01132004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1880617	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

SIVIA, GLEN
4116 W. OAKLAND STREET
LECANTO, FL 34461

**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 *X Glen Sivia*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIDDLE, LINDELL 2210 S WIGWAM POINT HOMASASSA, FL 34448
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIVIA, GLEN 4116 W OAKLAWN ST LECANTO, FL 34461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRICKEY, LEE 4748 S ORCHARD TERRACE HOMOSASSA, FL 34446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000013010
01/26/04-80035-010 70.00

**DO NOT WRITE
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)(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: *X Glen Sivia*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/2003 352 688-5556
Date Daytime Phone #