


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

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90237 024 \*\*\*\*70.00

<b>DOCUMENT # 748647</b>	
1. Entity Name <b>COMMUNITY EVANGELICAL FREE CHURCH, INC.</b>	

Principal Place of Business <b>4640 HWY 40 W YANKEETOWN FL 34498 US</b>	Mailing Address <b>PO BOX 88 P.O. BOX 88 YANKEETOWN FL 34498 US</b>
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number <b>59-1847977</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  <b>HOFFER, THOMAS M 6009 RIVERSIDE DRIVE YANKEETOWN FL 34498</b>	
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7. Name and Address of New Registered Agent  Name <b>BRAY, HERB</b> Street Address (P.O. Box Number is Not Acceptable) <b>11271 - 197th St</b> City <b>INGLIS</b> FL Zip Code <b>34449</b>	
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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 <i>Herbert E. Bray</i> <b>4-21-05</b> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	
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<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD ARNOLD, BARBARA 89 PARK STREET INGLIS FL 34449</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD HOWE, TOM 6871 SE 180 PL INGLIS FL 34449</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Howe, Tom 6871 SE 180 PL Inglis, FL 34449</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD JACOBS, ROBERT-- 5770 SE 195 PL. INGLIS FL 34449</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HILLS, DAN 11705 N. FARMWOOD AVE. DUNNELLON FL 34433</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD Bray, Herb 11271 - 197th St. Inglis, FL 34449</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D UNDERWOOD, DOUG 159 SE HAMMOCK ROAD INGLIS FL 34449</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CRANE, RICHARD 310 DEBRA STREET INGLIS FL 34449</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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)(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>Herbert E. Bray</i> <b>4-21-05 352-447-3471</b> Signature and typed or printed name of signing officer or director Date Daytime Phone #	
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