# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 29, 2005**
**Secretary of State**

DOCUMENT# 752803

**Entity Name:** CHRISTIAN ENDOWMENT FOUNDATION, INC.

**Current Principal Place of Business:**

P.O. BOX 547152
ORLANDO, FL 328547152 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 547152
ORLANDO, FL 328547152 US

**New Mailing Address:**

**FEI Number: 59-2093912** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DORMAN, PETER T
35849 CR 439
EUSTIS, FL 32726 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: MAFFETT, DAN
Address: 2187 COUNTRY SIDE CIR SOUTH
City-St-Zip: ORLANDO, FL

Title: D ( ) Delete
Name: GILSTRAP, L A
Address: 3012 MERCY DR
City-St-Zip: ORLANDO, FL

Title: SDT ( ) Delete
Name: SHILLING, MARCIA
Address: 1898 TURNBERRY TERR
City-St-Zip: ORLANDO, FL

Title: MD ( ) Delete
Name: DORMAN, PETER T
Address: 35849 CR 439
City-St-Zip: EUSTIS, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER T. DORMAN MD 04/29/2005

Electronic Signature of Signing Officer or Director — Date