

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754354

FILED
Apr 12, 2005
Secretary of State

Entity Name: REGENCY ASSEMBLY OF GOD, INC.

Current Principal Place of Business:

668 ST. JOHNS' BLUFF ROAD, N.
JACKSONVILLE, FL 322253786

New Principal Place of Business:

DBA CHRISTIAN LIFE COMMUNITY CHURCH
668 ST. JOHNS' BLUFF ROAD, N.
JACKSONVILLE, FL 322253786

Current Mailing Address:

668 ST. JOHNS' BLUFF ROAD, N.
JACKSONVILLE, FL 322253786

New Mailing Address:

DBA CHRISTIAN LIFE COMMUNITY CHURCH
668 ST. JOHNS' BLUFF ROAD, N.
JACKSONVILLE, FL 322253786

FEI Number: 59-1941943

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMAS, MARK S
668 ST. JOHNS BLUFF RD. N
JACKSONVILLE, FL 32225 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: D () Delete
Name: REYES, SEAN
Address: 847 COLONIAL COURT EAST
City-St-Zip: JACKSONVILLE, FL 32225

Title: PD () Delete
Name: THOMAS, MARK S
Address: 10263 FONTANA COURT SOUT
City-St-Zip: JACKSONVILLE, FL 32225

Title: D () Delete
Name: FURMAN, DAISY
Address: 7461 STONEHURST ROAD NORTH
City-St-Zip: JACKSONVILLE, FL 32277

Title: ST () Delete
Name: PENA, MANUEL
Address: 8195 COUNTY ROAD 208
City-St-Zip: ST. AUGUSTINE, FL 32089

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DT (X) Change () Addition
Name: FURMAN, DAISY
Address: 7461 STONEHURST ROAD NORTH
City-St-Zip: JACKSONVILLE, FL 32277

Title: DS (X) Change () Addition
Name: NICHOLS, KERRI
Address: 3136 CULLENDON LANE
City-St-Zip: JACKSONVILLE, FL 32225

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: MARK S THOMAS

PD

04/12/2005

Electronic Signature of Signing Officer or Director

Date