

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756756

FILED
May 24, 2004
Secretary of State**Entity Name:** CENTRAL CHURCH OF CHRIST IN MONTICELLO, INC.**Current Principal Place of Business:**100 COOPERS POND RD
MONTICELLO, FL 32344 US**New Principal Place of Business:****Current Mailing Address:**100 COOPERS POND ROAD
MONTICELLO, FL 32344 US**New Mailing Address:****FEI Number:** 59-2269979**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**LOVE, JAMES I.
885 S. WAUKEENAH STREET
MONTICELLO, FL 32344 US**Name and Address of New Registered Agent:**LOVE, THOMAS W
885 S. WAUKEENAH STREET
MONTICELLO, FL 32344 US

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: THOMAS W LOVE

05/24/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** PD () Delete
Name: LOVE, JAMES I.
Address: 885 WAUKEENAH STREET
City-St-Zip: MONTICELLO, FL 32344**Title:** VD () Delete
Name: HOPSON, ROY R
Address: RT 2 BOX 146
City-St-Zip: MONTICELLO, FL 32344**Title:** STD () Delete
Name: CANNON, SHIRLEY T
Address: RT 2 BOX 135
City-St-Zip: MONTICELLO, FL 32344**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PD (X) Change () Addition
Name: LOVE, THOMAS W
Address: 885 WAUKEENAH STREET
City-St-Zip: MONTICELLO, FL 32344**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: THOMAS W LOVE

PD

05/24/2004

Electronic Signature of Signing Officer or Director

Date