

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 05, 2004
Secretary of State**

DOCUMENT# 758823

Entity Name: CHRIST IS LORDI, INC.

Current Principal Place of Business:

109 KNOLLCREST DR.
P.O. BOX 915198 327915198
LONGWOOD, FL 32779

New Principal Place of Business:

109 KNOLLCREST DR.
P.O. BOX 915198 32791-5198
LONGWOOD, FL 32779

Current Mailing Address:

P.O. BOX 915198
P.O. BOX 915198 327915198
LONGWOOD, FL 32791 US

New Mailing Address:

P.O. BOX 915198
P.O. BOX 915198 32791-5198
LONGWOOD, FL 32791 US

FEI Number: 59-2151726

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WERTHMAN, REV DR THOM
109 KNOLLCREST DRIVE
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

WERTHMAN, THOM REV. DR
109 KNOLLCREST DRIVE
LONGWOOD, FL 32779 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: DR. THOM WERTHMAN

01/05/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: COURSEY, CHARLES
Address: 9251 BURDINE ST 335
City-St-Zip: HOUSTON, TX 77096

Title: VD () Delete
Name: WERTHMAN, MR DALE M,
Address: 109 KNOLLCREST DR.
City-St-Zip: LONGWOOD, FL 32779

Title: D () Delete
Name: PODELL, NORMA,
Address: 75 INDIAN COUNTRY
City-St-Zip: GOULDSBORO, PA 18424

Title: SD () Delete
Name: RATCLIFFE, ANNE
Address: 4 GEORGE STREET RYDE
City-St-Zip: ISLE OF WIGHT, EN

Title: D () Delete
Name: BAUER-JOHNSON, CLARE
Address: #5 NORMAN WAY
City-St-Zip: WOTTEN, I OF W, ENGLAND,

Title: D () Delete
Name: WERTMAN, GLENNA
Address: 109 KNOLLCREST DR.
City-St-Zip: LONGWOOD, FL 32779

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
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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: REV. DR. THOM WERTHMAN

PTD

01/05/2004

Electronic Signature of Signing Officer or Director

Date