

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 04, 2005  
Secretary of State**

DOCUMENT# 765020

Entity Name: CARRABELLE CHRISTIAN CENTER, INC.

**Current Principal Place of Business:**

136 RIVER ROAD  
CARRABELLE, FL 32322 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 0  
CARRABELLE, FL 32322 US

**New Mailing Address:**

FEI Number: 59-2440551      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CARROLL, DONALD B  
232 RIVER RD.  
CARRABELLE, FL 32322 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: CD ( ) Delete  
Name: MILLENDER, GARY J.,  
Address: 1101 OWENS AVE.  
City-St-Zip: CARRABELLE, FL 32322

Title: PD ( ) Delete  
Name: CARROIL, DONALD B  
Address: 232 RIVER RD.  
City-St-Zip: CARRABELLE, FL 32322

Title: SVPD ( ) Delete  
Name: MURRAY, ROBERT  
Address: 107 SPIL CRT  
City-St-Zip: CARRABELLE, FL 32322

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

Title: CD (X) Change ( ) Addition  
Name: MILLENDER, GARRY J  
Address: 1101 OWENS AVE.  
City-St-Zip: CARRABELLE, FL 32322

Title: PD (X) Change ( ) Addition  
Name: CARROLL, DONALD B  
Address: 232 RIVER RD.  
City-St-Zip: CARRABELLE, FL 32322

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: DONALD B. CARROLL

PD

01/04/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date