2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767071

City-St-Zip:

Entity Name: COMMUNITY PRESBYTERIAN CHURCH, INC.

FILED Jun 22, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 830 PINEWOOD STREET PO BOX 206 LIVE OAK, FL 32064 **Current Mailing Address: New Mailing Address:** PO BOX 206 LIVE OAK, FL 32064 FEI Number: 58-1511388 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WILDING, RANDY L WILDING, RANDY L 1332 COLISEUM AVE 1332 COLISEUM AVE LIVE OAK, FL 32060 LIVE OAK, FL 32064 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: 06/22/2004 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: DPC (X) Change () Addition () Delete WILDING, RANDY L. WILDING, RANDY L. Name: Name: 1332 COLISEUM AVE Address: 1332 COLISEUM AVE Address: LIVE OAK, FL 32064 City-St-Zip: LIVE OAK, FL 32060 City-St-Zip: Title: () Delete Title: () Change () Addition Name: RODGERS, MARK Name: Address: 11297 89TH ROAD Address: City-St-Zip: LIVE OAK, FL 32060 City-St-Zip: Title: () Delete Title: () Change () Addition FERNALD, DAVID Name: Name: 7277 COUNTY ROAD 249 Address: Address: City-St-Zip: LIVE OAK, FL 32060 City-St-Zip: (X) Change () Addition Title: DVC () Delete Title: DVC CALVITT, DIČK Name: Name: CALVITT, DICK P.O. BOX 502 N/A Address: Address: P.O. BOX 502 N/A City-St-Zip: LIVE OAK, FL City-St-Zip: LIVE OAK, FL 32064 Title: () Delete Title: () Change () Addition LEE, CAREY Name: Name: PO BOX 873 Address: Address: City-St-Zip: LIVE OAK, FL 32064 City-St-Zip: Title: () Delete Title: (X) Change () Addition MIERAS, LARRY MIERAS, LARRY Name: Name: Address: 3944 166TH ST Address: 3944 166TH ST LIVE OAK, FL 32064

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.

City-St-Zip:

WELLBORN, FL 32094

SIGNATURE: RANDY L. WILDING **PRES** 06/22/2004