## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Secretary of State  1. Entity Name  HARGRAVE CHURCH OF CHRIST, INC  Principal Place of Business  710 WEST M.K. M. II STREET  ARCADIA R. 34268  Moling Address  710 WEST M.K. M. II STREET  ARCADIA R. 34268  Moling Address  710 WEST M.K. M. II STREET  ARCADIA R. 34268  Moling Address  710 WEST M.K. M. II STREET  ARCADIA R. 34268  Moling Address  710 WEST M.K. M. STREET  ARCADIA R. 1. 34268  Moling Address  710 WEST M.K. M. STREET  ARCADIA R. 1. 34268  Moling Address  710 WEST M.K. M. STREET  ARCADIA R. 1. 34266  ARCADIA R. 1. 34268  Moling Address  710 WEST M.K. M. STREET  ARCADIA R. 1. 34268  ARCADIA R. 1. 34268  Moling Address  710 WEST M.K. M. STREET  ARCADIA R. 1. 34268  ARCADIA R. 34268  ARC	ANNUAL REPORT (AR)							•			
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2. Principal Plane of Business 7/0 mL.K., 374, 57.  Suite, April R. ce.  Suite, April R. ce.  Suite, April R. ce.  Suite, April R. ce.  City & State April R. ce.  Country S. Certificate of Status Desired See Required See Required April R. ce.  RICHARDSON, LONNIE 107 WATSON AVENUE ARCADIA FL. 34266  B. The above named entity submits this statement for the purpose of changing its registered divise or registered agent.  SIGNATURE  City & State April R. ce.  City & State April R. ce.  City & State April R. ce.  Country S. Certificate of Status Desired See Required April R. ce.  City & State April R. ce.  Country S. Certificate of Status Desired See Required See Required April R. ce.  City & State April R. ce.  Country S. Certificate of State April R. ce.  City & State April R. ce.  Country S. Certificate of State State April R. ce.  City & State April R. ce.  City & State April R. ce.  Country S. Certificate State April R. ce.  Country S. Certificate State April R. ce.  Country S. Certificate State April R. ce.  City & State April R. ce.  Country S. Certificate State April R. ce. State April	-							02-06	5-2004 90023 027	****61.25	
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Suite, Apt. #, etc.  Suite, Ap	2. Dringing Plans of Business 2. Mailing Address										
Suite Apt. 4, etc.  Suite Apt. 5, etc.  City & State  Arcadia, F. City & State  Arcadia, F. Country  3 4 26  Ocurry  5. Contincted of Status Desired  58.75 Additional  Face Required  Fac	.710 m	·LKITY	56						<b>8   18   10   10   10   10   10   10   1</b>		
St. Applicable   St.	Suite, Apt.	#, etc.		Suite, Apt. #, etc.				мос	ORE CR2E03	7 (11/03)	
Subject   Subj				City & State				4. FEI Number	-0018313	- <del>  -   -   -   -   -   -   -   -   -</del>	
Signature    Signature   Signa					Zip						
RICHARDSON, LONNIE 107 WATSON AVENUE ARCADIA FL 34266  8. 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. I sam familiar with, and accept the obligations of registered agent.  SIGNATURE  Signatur, riped or perticipate of perticipate of registered agent.  SIGNATURE  Signatur, riped or perticipate of registered agent.  MICHE Registered Apenisoprotive required when remosting)  FILE NOW: FEE IS \$51.25  Due By May 1; 2004  OFFICERS AND DIRECTORS  OFFICERS AND DIRECTORS  OFFICERS AND DIRECTORS  OTH STATE  OTHER MAKE SIRET ADDRESS  OTH STATE  ARCADIA FL  SIRET ADDRESS  OTH STATE  ARCADIA FL  ORACIDA	342			Penistered A		· · · · · · · · · · · · · · · · · · ·				•	1
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ARCADIA FL 34266    City   Charge   Cha						Street A	ddress (	P.O. Box Number is No	t Acceptable)		
8. The above named entity submits his statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am farmiliar with, and accept the obligations of registered agent.  SIGNATURE  SASON NAMA BE SIGNATURE  SASON NAMA BE SIGNATURE  SASON NAMA BE SIGNATURE  SASON NAMA BE SIGNATURE  SASON NAMA						7111	יץ פ	L. With	)4, <u>~51,                                     </u>		
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SIGNATURE Signame. Nyadr or printed name of registered againt and took it applicable.  FILE NOW: FEE IS \$61.25  Due By May 1; 2004  9. Election Campaign Financing Trust Fund Contribution.  10. OFFICERS AND DIRECTORS  III. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III.  MAKE SIRET ADDRESS CITY-ST-2P  RICHARDSON, LONNIE SIRET ADDRESS CITY-ST-2P  III. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  Change Addition OAT No FILE TOWN.  Change Addition OAT NO FILE TOWN.  CONTROL OFFICERS AND DIRECTORS III.  Delete  III. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  Change Addition OAT NO FILE TOWN.  C	8. 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. I am familiar with, and accept										
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12. Thereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: Ray mond Richardson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR