2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#837697

FILED Apr 28, 2004 Secretary of State

Entity Name: REGGIE KILLOUGH'S CHRIST TEAM, INC.

Current Principal Place of Business: New Principal Place of Business: 1236 8TH ST DAYTONA BEACH, FL 32117 LIS **Current Mailing Address: New Mailing Address:** P O BOX 265010 DAYTONA BEACH, FL 321265010 US FEI Number: 56-0990367 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KILLOUGH, REGGIE 680 OCEAN SHORE BLVD ORMOND BEACH, FL 32176 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition KILLOUGH, REGGIE, Name: Name: 680 OCEAN SHORE BLVD Address: Address: City-St-Zip: ORMOND BEACH, FL 32176 City-St-Zip: Title: STD () Delete Title: VPD (X) Change () Addition Name: RANEW, DAVID, Name: RANEW, DAVID, Address: 320 JEFFERSON ST. Address: 320 JEFFERSON ST. City-St-Zip: PORT ORANGE, FL City-St-Zip: PORT ORANGE, FL Title: () Delete Title: () Change () Addition KILLOUGH, SHIRLEY Name: Name: 680 OCEAN SHORE BLV D Address: Address: City-St-Zip: ORMOND BEACH, FL 32176 City-St-Zip: Title: VPD () Delete Title: SECD (X) Change () Addition Name: BOOTH, DENNIS, Name: HENCKEN, KEVIN Address: 295 MILLER AVE Address: 1115 CARMEN AVE City-St-Zip: MARION, NC 28752 City-St-Zip: DAYTONA BEACH, FL 32117

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: REGGIE A. KILLOUGH PD 04/28/2004