

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000003581

FILED
Apr 22, 2005
Secretary of State

Entity Name: CHRISTIAN SURFERS UNITED STATES, INC.

Current Principal Place of Business:

12 3RD STREET
ST. AUGUSTINE, FL 32080

New Principal Place of Business:

Current Mailing Address:

12 3RD STREET
ST. AUGUSTINE, FL 32080

New Mailing Address:

FEI Number: 77-0136158 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWNLEE, CHANDLER
12 3RD STREET
ST. AUGUSTINE, FL 32080 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: VP () Delete
Name: KENDALL, TREVOR
Address: 520 LOGAN ST
City-St-Zip: SANTA CRUZ, CA 95062

Title: S () Delete
Name: KING, LARRY
Address: 860 MUIRFIELD DRIVE
City-St-Zip: OCEANSIDE, CA 92054

Title: P () Delete
Name: BROWNLEE, CHANDLER
Address: 12 3RD STREET
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: T () Delete
Name: LINDSLEY, JOHN
Address: 3604 ASHBY CT.
City-St-Zip: CARLSBAD, CA 92008

Title: D () Delete
Name: BAUER, TOM
Address: 3097 KAHILI STREET
City-St-Zip: HONOLULU, HI 96819

Title: D () Delete
Name: ACACIA, ROBERTSON
Address: 700 ALMAR AVE
City-St-Zip: SANTA CRUZ, CA 95060

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: PATT, KELLY
Address: 1557 CALLE TULIPANES
City-St-Zip: ENCINITAS, CA 92024

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
Name:
Address:
City-St-Zip:

I hereby 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 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: CHANDLER BROWNLEE

P

04/22/2005

Electronic Signature of Signing Officer or Director

Date