2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 11, 2004 8:00 am **Secretary of State** DOCUMENT # F96000005487 1. Entity Name 02-11-2004 90177 001 \*\*\*150.00 CHRISTIAN, RESEARCH & FELLOWSHIP, INC. 02-11-2004 90177 002 \*\*\*\*\*8.75 Principal Place of Business Mailing Address PO BOX 489 3551 SCENIC HWY 98 DESTIN FL 32540 DESTON FL 32541 US 3. Mailing Address 2. Principal Place of Business 3551 SCENIC HWY 4421 COMMONS OR E Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) # 225 4A City & State City & State 4. FEI Number Applied For 58-2060152 DESTIN Not Applicable DESTIN Country Zip Country \$8.75 Additional 5. Certificate of Status Desired US A USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JOHN HENDRICUS HENDRICKS, JOHN Address (P.O. Box Number is Not Acceptable) **3551 SCENIC HWY 98** 4A DESTON FL 32541 DESTIN 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 the obligations of registered agent. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. Change DCP TITLE ☐ Delete TITI F DCP ☐ Addition HENDRICKS, JOHN HENDRICUS, JOHN 3551 SCENIC HUY 98 4A NAME NAME 3551 SCENIC HWY 98 STREET ADDRESS STREET ADDRESS DESTON FL 32541 CITY-ST-ZIP CITY-ST-ZIP DESTIN, FL 32541 ☐ Delete Change ☐ Addition TITLE TITLE HENDRICUS, ROCHELLE HENDRICKS, ROCHELLE L NAME NAME 3551 SCENIC HUY 98 3551 SCENIC HWY 98 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DESTON FL 32541 CITY-ST-ZIP DESTIN TITLE ☐ Delete ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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 607, 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.

ED NAME OF SIGNING OFFICER OR DIRECTOR

FILED