## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F98000000372

FILED Mar 19, 2004 Secretary of State

Entity Name: CHRISTIAN REFORMED WORLD RELIEF COMMITTEE, INC.

Current Principal Place of Business:				New Principal Place of Business:			
	MAZOO AVE. APIDS, MI 495						
Current Mailing Address:				New Mailing Address:			
	MAZOO AVE. APIDS, MI 495						
FEI Number:	38-1708140	FEI Number Applied For()	FEI Num	nber Not Appl	icable ( )	Certificate of St	atus Desired ( )
Name and	Address of C	urrent Registered Agent:		Name and	Address of	New Registered	d Agent:
526 E. PAF	VICES, INC. RK AVENUE SSEE, FL 3230	01 US					
The above in the State		submits this statement for the p	urpose of	f changing i	ts registered	office or register	ed agent, or both,
SIGNATUR	RE:						
	Electron	ic Signature of Registered Age	nt			Date	
OFFICERS	S AND DIREC	TORS:		ADDITION	S/CHANGE	S TO OFFICERS	AND DIRECTORS:
Title: Name: Address: City-St-Zip: Title: Name:	VAN ESS-DYKE 2850 KALAMAZ GRAND RAPIDS	OO AVE SE 5, MI 49560 Delete		Title: Name: Address: City-St-Zip: Title: Name:	KROLL, RANI 1485 18TH A' NEW BRIGHT		
Address: City-St-Zip:	2850 KALAMAZ GRAND RAPIDS			Address: City-St-Zip:			
Title: Name: Address: City-St-Zip:	S () GEEIS, GREG 2850 KALAMAZ GRAND RAPIDS	•		Title: Name: Address: City-St-Zip:	GEELS, GRE 2850 KALAM	(X) Change ( ) Addit G AZOO AVE., SE IDS, MI 49560	ion
Title: Name: Address: City-St-Zip:	P () RYSKAMP, AND 2850 KALAMAZ GRAND RAPIDS	OO AVE., SE		Title: Name: Address: City-St-Zip:	(	()Change ()Addit	ion
Title: Name: Address: City-St-Zip:	VP () WOODNORTH, 2850 KALAMAZ GRAND RAPIDS	OO AVE., SE		Title: Name: Address: City-St-Zip:	ZUIDEMA, RO 2060 7TH ST		ion
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	RANNEY, GL	( ) Change (X) Addit ORIA ER HILL BLVD FORD, CT 06107	ion

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: ANDREW RYSKAMP P 03/19/2004