2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

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Feb 02, 2004 08:00 AM DOCUMENT # K19338 **Secretary of State** 1. Entity Name TRUSTEES OF THE FIRST PINECRAFT AMISH CHURCH, INC. Principal Place of Business Mailing Address % ABRAHAM W. KNEPP 3466 GARDENIA ST SARASOTA FL 34237 % ABRAHAM W. KNEPP 3466 GARDENIA ST SARASOTA FL 34237-8730 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State 4. FEI Number / Applied For City & State 65-0043609 Not Applicable Country \$8.75 Additional Zio Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KNEPP, ABRAHAM W Street Address (P.O. Box Number is Not Acceptable) 3466 GARDENIA ST SARASOTA FL Zip Code City 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE 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 DIBECTORS IN 11. OFFICERS AND DIRECTORS 11. 10. ☐ Addition TITLE ☐ Change TITLE ☐ Delete 1100000026266 PUTERSHEIM, CHRIS TRUSTEE NAME NAME 02/02/04-80138-016 150.00 STREET ADDRESS 3475 GARDENIA ST STREET ADDRESS CITY-ST-7IP SARASOTA FL CITY-ST-ZIP ☐ Change ☐ Addition TITLE DT ☐ Delete TITLE KNEPP, ABRAHAM W NAME NAME STREET ADDRESS STREET ADDRESS 3466 GARDENIA ST SARASOTA FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Defete TITLE DT NASST NAME KNEPP, EZRA STREET ADDRESS STREET ADDRESS 3525 GARDENIA ST CITY-ST-ZIP CITY-ST-7IP SARASOTA FL ☐ Change Addition Delete TITLE TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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.

FILED

Jan-26-04 941-957-06-44