2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Feb 22, 2005 8:00 am **Secretary of State DOCUMENT # N00000001271** 02-22-2005 90029 028 ****61.25 ST. CHRISTOPHER'S FAITH COMMUNITY, INC. Principal Place of Business Mailing Address 743 PLANTATION DRIVE 743 PLANTATION DRIVE CAOILUUC TITUSVILLE, FL 32780 TITUSVILLE, FL 32780 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02172005 Chg-NP CR2E037 (10/03) City & State City & State 4. FEI Number 59-3692682 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GALLAGHER, REV MICHAEL J 743 PLANTATION DRIVE Street Address (P.O. Box Number is Not Acceptable) TITUSVILLE, FL 32780 City Zip Code 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 9. Election Campaign Financing Filing Fee is \$61.25 **\$5.00** May Be Make check payable to П Due by May 1, 2005 Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TD TITLE ☐ Delete TITLE Addition SEAMAN, GRANT R NAME NAME STREET ADDRESS 789 PLANTATION DR. STREET ADDRESS CITY-ST-ZIP TITUSVILLE, FL 32780 CITY-ST-ZIP DŦ TITLE Delete TITI F ☐ Change ☐ Addition SEAMAN, RICHARD NAME STREET ADDRESS 789 E. PLANTATION DR. STREET ADDRESS CITY-ST-ZIP TITUSVILLE, FL 32780 CITY-ST-ZIP TITLE Delete TITLE KI Change ☐ Addition IDEADI, LILLIAN NAME TERADI, LILLIAN NAME STREET ADDRESS 525 FARWAYS STREET ADDRESS JLY FRIRWAYS TITUSVILLE, FL 32780 CITY-ST-ZIP 32780 CITY-ST-ZIP THUSVILLE-FL TITLE Delete TITLE Change ☐ Addition IERADI, FRANK NAME NAME STREET ADDRESS 525 FAIRWAYS STREET ADDRESS CITY-ST-ZIP TITUSVILLE, FL 32780 CITY-ST-ZIP TITLE ☐ Delete THIE ☐ Change ☐ Addition NAME GALLAGHER, REV MICHAEL J NAME STREET ADDRESS 743 PLANTATION DRIVE STREET ADDRESS CITY-ST-ZIP TITUSVILLE, FL 32780 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:	DAONT R. SQUMON (CRANT R. SEAMON) SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR TREAS	2-17-05 Date	321-268-5048 Daylime Phone #
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