


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # N00000004045 1. Entity Name CHRISTIAN RESORTS & RETREATS INTNL, INC.	
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Principal Place of Business 221 W. LONGCREEK COVE LONGWOOD, FL 32750	Mailing Address 221 W. LONGCREEK COVE LONGWOOD, FL 32750
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DO NOT WRITE IN THIS SPACE



02072004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3655951	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HODGES, GEORGE 250 CR-427 SOUTH, STE. 116 LONGWOOD, FL 32750
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**DO NOT WRITE
IN THIS SPACE**

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 <small>Signature, typed or printed name of registered agent and title if applicable</small>	<small>(NOTE: Registered Agent signature required when reinstating)</small>	<small>DATE</small>
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Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOURNE, GERALD P 221 W. LONGCREEK COVE LONGWOOD, FL 32750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOURNE, ROBIN J 221 W. LONGCREEK COVE LONGWOOD, FL 32750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONSALVES, H. NORMAN 4335 BENEDICTINE CIRCLE ORLANDO, FL 32812
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/23/04-80176-018 61.25

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IN THIS SPACE**

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 617, 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.

SIGNATURE:  GERALD P. BOURNE	Date 19 FEB 04
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	