

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004903

Entity Name: PARADISE FAMILY CHURCH INC.

FILED
Apr 27, 2004
Secretary of State

Current Principal Place of Business:

159 PINE ISLAND ROAD NE
CAPE CORAL, FL 33915

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 150025
CAPE CORAL, FL 33915

New Mailing Address:

FEI Number: 65-0853273

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASSIDY, KEVIN
3021 S.E. 18TH PLACE
CAPE CORAL, FL 33904 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CASSIDY, KEVIN
Address: 3021 S.E. 18TH PLACE
City-St-Zip: CAPE CORAL, FL 33904

Title: VP () Delete
Name: CASSIDY, MARIA
Address: 3021 S.E. 18TH PLACE
City-St-Zip: CAPE CORAL, FL 33904

Title: ST () Delete
Name: CARLSON, SHARYL
Address: 2910 S.W. 4TH PLACE
City-St-Zip: CAPE CORAL, FL 33914

Title: D () Delete
Name: HOLLWAY, PAUL
Address: 2299 DIXIE LEE COURT
City-St-Zip: ST. JAMES CITY, FL 33956

Title: D () Delete
Name: MONG, DONALD F
Address: 16161 SADDLEWOOD LANE
City-St-Zip: CAPE CORAL, FL 33991

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: REV. SHARYL CARLSON

ST

04/27/2004

Electronic Signature of Signing Officer or Director

Date