

2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N00000004903

1. Entity Name
PARADISE FAMILY CHURCH INC.



FILED

04 AUG 27 AM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
159 PINE ISLAND ROAD NE
CAPE CORAL, FL 33915

Mailing Address
P.O. BOX 150025
CAPE CORAL, FL 33915



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08262004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
65-0853273

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE P
NAME CASSIDY, KEVIN ☐ Delete
STREET ADDRESS 3021 S.E. 18TH PLACE
CITY-ST-ZIP CAPE CORAL, FL 33904

TITLE VP
NAME CASSIDY, MARIA ☒ Delete
STREET ADDRESS 3021 S.E. 18TH PLACE
CITY-ST-ZIP CAPE CORAL, FL 33904

TITLE ST
NAME CARLSON, SHARYL ☐ Delete
STREET ADDRESS 2910 S.W. 4TH PLACE
CITY-ST-ZIP CAPE CORAL, FL 33914

TITLE D
NAME HOLLWAY, PAUL ☐ Delete
STREET ADDRESS 2299 DIXIE LEE COURT
CITY-ST-ZIP ST. JAMES CITY, FL 33956

TITLE D
NAME MONG, DONALD F ☐ Delete
STREET ADDRESS 16161 SADDLEWOOD LANE
CITY-ST-ZIP CAPE CORAL, FL 33991

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP
NAME CARLSON, SHAWN ☐ Change ☒ Addition
STREET ADDRESS 2910 SW 4th PLACE
CITY-ST-ZIP CAPE CORAL, FL 33914

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8-18-04 (239) 458-9453