

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

**FILED  
Apr 06, 2004  
Secretary of State**

DOCUMENT# N00000004910

Entity Name: CHURCH OF THE MIST, INC.

**Current Principal Place of Business:**

69 NE BEAL PARKWAY  
FORT WALTON BEACH, FL 32547 US

**New Principal Place of Business:**

519 E STREET  
CLEARWATER, FL 33756 US

**Current Mailing Address:**

P.O. BOX 644  
FORT WALTON BEACH, FL 32549 US

**New Mailing Address:**

P.O. BOX 4478  
CLEARWATER, FL 33758 US

FEI Number: 59-3661191      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SPIRES, LEROY E  
1340 MIRACLE STRIP PARKWAY  
# 123  
FORT WALTON BEACH, FL 32548 US

**Name and Address of New Registered Agent:**

SPIRES, LEROY E  
PO BOX 4478  
CLEARWATER, FL 33758 US

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: LEROY E. SPIRES      04/06/2004  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

Title: P-D ( ) Delete  
Name: SPIRES, LEROY E REV.  
Address: 1340 MIRACLE STRIP PARKWAY #123  
City-St-Zip: FORT WALTON BEACH, FL 32548 US

Title: S-D ( ) Delete  
Name: SPIRES, DIANE W REV.  
Address: 1340 MIRACLE STRIP PARKWAY #123  
City-St-Zip: FORT WALTON BEACH, FL 32548 US

Title: D ( ) Delete  
Name: LIPTRAP, JOYCE L MS.  
Address: 1004 NORTH AUGUSTA STREET  
City-St-Zip: STAUNTON, VA 24401 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P-D (X) Change ( ) Addition  
Name: SPIRES, LEROY E REV.  
Address: 519 E STREET  
City-St-Zip: CLEARWATER, FL 33756 US

Title: S-D (X) Change ( ) Addition  
Name: SPIRES, DIANE W REV.  
Address: 519 E STREET  
City-St-Zip: CLEARWATER, FL 33756 US

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: LEROY E. SPIRES      P-D      04/06/2004  
Electronic Signature of Signing Officer or Director      Date