

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2005 08:00 AM
Secretary of State

DOCUMENT # N00000006101
 1. Entity Name
 CPM CHURCH, INC.



Principal Place of Business
 5207 MASON DIXON AVE
 BOWLING GREEN, FL 33834

Mailing Address
 5207 MASON DIXON AVE
 BOWLING GREEN, FL 33834

DO NOT WRITE IN THIS SPACE



04132005 No Chg-NP CR2E037 (10/03)

4. FEI Number
 04-3672825

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

PARKER, MARK
 5207 MASON DIXON AVE
 BOWLING GREEN, FL 33834

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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 _____ DATE _____
Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HERRON, DOUG
STREET ADDRESS	516 S 11TH AVE
CITY-ST-ZIP	WAUCHULA, FL 33873
TITLE	D
NAME	PARKER, JOHNNY
STREET ADDRESS	3824 PARKER RD
CITY-ST-ZIP	BOWLING GREEN, FL 33834
TITLE	D
NAME	TAYLOR, BARRY
STREET ADDRESS	2545 MATTE RD
CITY-ST-ZIP	AVON PARK, FL 33825
TITLE	D
NAME	PALMER, EARNEST
STREET ADDRESS	214 W PALMETTO AVE
CITY-ST-ZIP	WAUCHULA, FL 33873
TITLE	D
NAME	PARKER, MARK
STREET ADDRESS	5207 MASON DIXON AVE
CITY-ST-ZIP	BOWLING GREEN, FL 33834
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000308953
 04/16/05-80019-006 61.25

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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 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: *John Parker* **4/13/05** **863**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #