


**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.	
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Principal Place of Business 5207 MASON DIXON AVE BOWLING GREEN, FL 33834	Mailing Address 5207 MASON DIXON AVE BOWLING GREEN, FL 33834
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DO NOT WRITE IN THIS SPACE



04132005 No Chg-NP CR2E037 (10/03)

4. FEI Number 04-3672825	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 PARKER, MARK 5207 MASON DIXON AVE BOWLING GREEN, FL 33834	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	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 HERRON, DOUG 516 S 11TH AVE WAUCHULA, FL 33873
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARKER, JOHNNY 3824 PARKER RD BOWLING GREEN, FL 33834
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, BARRY 2545 MATTE RD AVON PARK, FL 33825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PALMER, EARNEST 214 W PALMETTO AVE WAUCHULA, FL 33873
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARKER, MARK 5207 MASON DIXON AVE BOWLING GREEN, FL 33834
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000308953
04/16/05-80019-006 61.25

**DO NOT WRITE
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 4/13/05 Daytime Phone # 863 375-3377
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