


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 20, 2004 08:00 AM  
Secretary of State

DOCUMENT # N00192 1. Entity Name BLACK CREEK CHURCH OF CHRIST, INC.	
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Principal Place of Business 3216 COUNTY RD. 218 E. MIDDLEBURG, FL 32068	Mailing Address 3216 COUNTY RD. 218 E. MIDDLEBURG, FL 32068
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**DO NOT WRITE IN THIS SPACE**



02132004 No Chg-NP CR2E037 (10/03)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  SMITH, BILLY W 118 COKEBURY CT GREEN COVE SPRINGS, FL 32043
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**DO NOT WRITE  
IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2004	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	PD GILES, DUANE A 8 ROSE COURT MIDDLEBURG, FL 32068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SMITH, BILLY W 118 COKEBURY CT GREEN COVE SPRINGS, FL 32043
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ATNIP, STEPHEN C 223 SIMMONS TR W GREEN COVE SPRINGS, FL 32034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/20/04-80068-004 70.00

**DO NOT WRITE  
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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: <u>Billy W. Smith</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>Billy W. Smith</u> <small>Name</small>	<u>2/15/04</u> <small>Date</small>	<u>904-282-4033</u> <small>Daytime Phone #</small>
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