

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001118

FILED
Jan 18, 2005
Secretary of State

Entity Name: JOURNEY FELLOWSHIP CHURCH, INC.

Current Principal Place of Business:

4531 WATERSIDE POINTE CIRCLE
ORLANDO, FL 32829

New Principal Place of Business:

12278 E. COLONIAL DR.
SUITE 500
ORLANDO, FL 32826

Current Mailing Address:

PO BOX 781090
ORLANDO, FL 32873

New Mailing Address:

12278 E. COLONIAL DR.
SUITE 500
ORLANDO, FL 32826

FEI Number: 58-2604873

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BAXTER, DAVID
4531 WATERSIDE POINTE CIRCLE
ORLANDO, FL 32829 US

Name and Address of New Registered Agent:

JOURNEY FELLOWSHIP
12278 E. COLONIAL DR.
SUITE 500
ORLANDO, FL 32826 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: ROBBY BOLDEN

01/18/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BAXTER, DAVID
Address: 4531 WATERSIDE POINTE CIRCLE
City-St-Zip: ORLANDO, FL 32829

Title: D () Delete
Name: POPE, RUSSELL
Address: 4933 WATERSIDE POINTE CIR
City-St-Zip: ORLANDO, FL 32829

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BAXTER, DAVID
Address: 4531 WATERSIDE POINTE CIRCLE
City-St-Zip: ORLANDO, FL 32829

Title: D (X) Change () Addition
Name: BOLDEN, ROBBY
Address: 218 CORALBERRY PT.
City-St-Zip: ORLANDO, FL 32828

Title: D () Change (X) Addition
Name: FLORES, MATTHEW
Address: 877 PARK MANOR DR.
City-St-Zip: ORLANDO, FL 32825

Title: D () Change (X) Addition
Name: MCCORNICK, KEVIN
Address: 538 ELGIN BLVD.
City-St-Zip: DAVENPORT, FL 33897

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: ROBBY BOLDEN

D

01/18/2005

Electronic Signature of Signing Officer or Director

Date