


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90131 039 \*\*\*\*61.25

<b>DOCUMENT # N01000001568</b>	
<b>1. Entity Name</b> CHRISTIAN DYNAMICS, INC.	

<b>Principal Place of Business</b> 58 N 17/92 DEBARY FL 32713	<b>Mailing Address</b> 1522 CHAUCER COURT DELAND FL 32724
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E037 (10/04)

<b>4. FEI Number</b> NO-T APPLICABLE	<b>Applied For</b> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b>  MCPHERSON, JAMES M 1522 CHAUCER COURT DELAND FL 32724	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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** \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<b>TITLE</b> PD	<b>NAME</b> MCPHERSON, JAMES M <b>STREET ADDRESS</b> 1522 CHAUCER COURT <b>CITY-ST-ZIP</b> DELAND FL 32724 <input type="checkbox"/> Delete	<b>TITLE</b>	<b>NAME</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>
<b>TITLE</b> VD	<b>NAME</b> MCPHERSON, STEPHEN M <b>STREET ADDRESS</b> 1522 CHAUCER COURT <b>CITY-ST-ZIP</b> DELAND FL 32724 <input type="checkbox"/> Delete	<b>TITLE</b>	<b>NAME</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>
<b>TITLE</b> STD	<b>NAME</b> MCPHERSON, JANICE S <b>STREET ADDRESS</b> 1522 CHAUCER COURT <b>CITY-ST-ZIP</b> DELAND FL 32724 <input type="checkbox"/> Delete	<b>TITLE</b>	<b>NAME</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>
<b>TITLE</b>	<b>NAME</b> <input type="checkbox"/> Delete <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>TITLE</b>	<b>NAME</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>
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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:** *James M. McPherson*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

*4-21-05* *(386) 734-9011*  
**Date** **Daytime Phone #**