## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01000004249

Address:

City-St-Zip:

FILED Apr 30, 2004 Secretary of State

Entity Nai	me: THE DOC	OR CHRISTIAN CHURCH, INC	D.				
Current Principal Place of Business:			New Princ	New Principal Place of Business:			
	STEAD BLVD EAD, FL 33030						
Current Mailing Address:			New Mailing Address:				
420 NW 15 HOMESTE	5 ST EAD, FL 33030						
FEI Number:	: 65-1034332	FEI Number Applied For()	FEI Number Not Appl	icable ( )	Certificate of Sta	atus Desired ( )	
Name and	Address of C	urrent Registered Agent:	Name and Address of New Registered Agent:				
CHAVEZ, 420 NW 15 HOMESTE		)					
	named entity see of Florida.	submits this statement for the p	ourpose of changing i	ts registere	ed office or register	ed agent, or both,	
SIGNATU		is Circustons of Devictors d Ass			Dete		
OFFICER		ic Signature of Registered Age		COLLANO	Date	AND DIDECTORS	
OFFICER	S AND DIREC	IORS:	ADDITION	S/CHANG	ES TO OFFICERS	AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () CHAVEZ, FRAN 420 NW 15 ST HOMESTEAD, I		Title: Name: Address: City-St-Zip:		( ) Change ( ) Additi	on	
Title: Name: Address: City-St-Zip:	SD () CHAVEZ, ROSA 420 NW 15 ST HOMESTEAD, I		Title: Name: Address: City-St-Zip:		( ) Change ( ) Additi	on	
Title: Name: Address: City-St-Zip:	D () SANTIAGO, ED 10540 SW 161 MIAMI, FL 331	TERRACE	Title: Name: Address: City-St-Zip:	D GOMEZ, DA 14500 SW NARANGA,	280 ST. LOT 218	ion	
Title: Name:	( )	Delete	Title: Name:	D ERNIE, BLA	( ) Change (X) Additi	ion	

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.

Address:

City-St-Zip:

824 E MOWRY DR HOMESTEAD, FL 33030

SIGNATURE: FRANK CHAVEZ PD 04/30/2004