## ANNUAL REPORT

## Jan 12, 2006 8:00 am DOCUMENT # N01000007223 **Secretary of State** VIERA CHRISTIAN CHURCH, INC. 01-12-2006 90168 019 \*\*\*\*61.25 Principal Place of Business Mailing Address 2016 DEERCROFT DRIVE 2016 DEERCROFT DRIVE VIERA, FL 32940 VIERA, FL 32940 2. Principal Place of Business 3. Mailing Address 1352 Deer Trail 1352 Deer Trail Suite, Apt. #, etc. Suite, Apt. #, etc. 01082006 Chq-NP CR2E037 (11/05) 4. FEI Number 59-3751654 Applied For City & State City & State Rockledge, FL Rockledge Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Brevard 32955 Brevard 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) BLIFFEN, JACK 2016 DEERCROFT DRIVE VIERA, FL 32940 29 1352 Deer Trail Zip Code 32955 City Rock ledge 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 ed gent and title if applicable. 9. Election Campaign Financing \$5.00 May Be Make check payable to filing Fee is \$61.25 Florida Department of State Trust Fund Contribution. Due by May 1, 2006 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10, 11. DΡ DP Delete TITLE TITLE Bliffen, Jock BLIFFEN, JACK NAME NAME 1352 Doer Trail 2016 DEERCROFT DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Rockledge, FL 32955 VIERA, FL 32940 CITY-ST-7IP DST ☐ Delete TITLE ☐ Addition TILE MINTZ, LLOYD NAME NAME STREET ADDRESS 270 MELBOURNE AVE STREET ADDRESS MERRITT ISLAND, FL 32953 CITY-ST-ZIP CITY-ST-7IP DV ☐ Change ☐ Addition TITLE □ Delete TITLE COOK, JESS NAME NAME STREET ADDRESS 4290 TANGELO AVE STREET ADDRESS CITY-ST-ZIP COCOA, FL 32926 CITY-ST-ZIP ☐ Celete TTLE ☐ Change ☐ Addition RAY, DAVID NAME NAME 1407 ROCKLEDGE AVE STREET ADDRESS STREET ADDRESS ROCKLEDGE, FL 32955 CITY-ST-7IP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TTLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

**FILED**