## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: \_a

## Feb 26, 2004 08:00 AM DOCUMENT # N01000007585 **Secretary of State** 1. Entity Name MASTER'S COMMUNITY CHURCH, INCORPORATED Mailing Address Principal Place of Business 4868 VERONA CIRCLE MELBOURNE FL 32940 4868 VERONA CIRCLE MELBOLIRNE FL 32940 2. Principal Place of Business \_ 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. CR2E037 (11/03) MOORE Applied For City & State City & State 4. FEI Number 59-3751622 Not Applicable \$8.75 Additional Country ZiD Country Zio 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JIRON, AL Street Address (P.O. Box Number is Not Acceptable) 4868 VERONA CIRCLE MELBOURNE FL 32940 City Zip Code 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. DATE Signature, woed or printed name of registered agent and life if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: FEE IS \$61.25 \$5.00 May 8e Trust Fund Contribution. Added to Fees Fiorida Department of State Due By May 1, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Change Addition TITLE ☐ Crelete TITLE JIRON, AL NAME NAME 000000067683 4868 VERONA CIRCLE STREET ADDRESS STREET ADDRESS U2/27/04-80009-021 61.25 MELBOURNE FL 32940 CITY-ST-ZIP C/TY-ST-ZIP ☐ Change TITLE Addition ☐ Delete TATLE MILLER, MATT MAARE NAME 249 DELMONICO STREET, N E STREET ADDRESS STREET ADDRESS PALM BAY FL 33905 CITY-ST-ZIP CITY-ST- ZIP Delete TITLE Charge Addition TITLE CHEESEMAN, KEN NAME MAME 682 LAKE GEORGE DR STREET ADDRESS STREET ADDRESS MELBOURNE FL 32940 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TIRLE ☐ Delete NAME MAME STREET ADDRESS STREET ADDRESS City-St-ZiP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Delete TITLE ☐ Chance Addition BILE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP 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 orders, with all other like empowered.

**FILED** 

(321) 243-2262