

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007618

FILED
Apr 02, 2004
Secretary of State**Entity Name:** CARVER HEIGHTS MINISTRIES, INC.**Current Principal Place of Business:**1111 W. LINE STREET
LEESBURG, FL 34748**New Principal Place of Business:****Current Mailing Address:**PO BOX 492722
LEESBURG, FL 34749**New Mailing Address:****FEI Number:****FEI Number Applied For ()****FEI Number Not Applicable (X)****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SAYLOR, BRUCE A
907 WEBSTER STREET
LEESBURG, FL 34748**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: PD () Delete
Name: GRINER, TOM
Address: 1111 W. LINE STREET
City-St-Zip: LEESBURG, FL 34748Title: TD () Delete
Name: GRINER, PATRICIA S
Address: 1111 W. LINE STREET
City-St-Zip: LEESBURG, FL 34748Title: SD () Delete
Name: GLASS, MARTHA
Address: 1111 W. LINE STREET
City-St-Zip: LEESBURG, FL 34748**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: TOM GRINER

P

04/02/2004

Electronic Signature of Signing Officer or Director

Date