2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004
Secretary of State

DOCUMENT# N01000007744

Entity Name: CONNIE BEND FAITH BASED TRAINING INSTITUTE, INC.

Current Principal Place of Business:

11680 CARAPACE LANE
JACKSONVILLE, FL 32218

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 28081
JACKSONVILLE, FL 32226

New Mailing Address:

FEI Number: 59-3758221 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BEND, CONNIE M
11680 CARAPACE LANE
JACKSONVILLE, FL 32218 US

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: BEND, CONNIE M
Address: 11680 CARAPACE LANE
City-St-Zip: JACKSONVILLE, FL 32218

Title: SD ( ) Delete
Name: THOMAS, MICHAEL K
Address: 1462 PRINCE STREET
City-St-Zip: JACKSONVILLE, FL 32208

Title: VD ( ) Delete
Name: WASHINGTON, GREGORY
Address: 4461 SUMMER WALK COURT
City-St-Zip: JACKSONVILLE, FL 32258

Title: TD ( ) Delete
Name: WASHINGTON, NATHANIEL S
Address: 7235 DOSTIE DRIVE EAST
City-St-Zip: JACKSONVILLE, FL 32209

Title: M ( ) Delete
Name: ROGERS, SHIRLEY
Address: 3119 KINGSTON STREET
City-St-Zip: JACKSONVILLE, FL 32254

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:

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: CONNIE M. BEND PD 04/07/2004

Electronic Signature of Signing Officer or Director — Date