## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Aug 15, 2005 8:00 am Secretary of State

						-	
1. Entity Nan	MENT # N01000008  PEIRS CHRISTIAN CENTER		08-15-2005 90129 001 ***211.25 • • • • • • • • • • • • • • • • • • •				
	ce of Business IRT ROAD, #3 FL 32746	Mailing Address P.O. BOX 953503 LAKE MARY, FL 32795	-3503				SÍRI OLIVOL
2. Principal Place of Business 3.		3. Mailing Address	3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08082005 CI	ng-NP	CR2E037 (10/03)	
City & State		City & State		4. FEI Number 59-370668	9	<del>                                     </del>	plied For t Applicable
Zip	Country	Zip	Country	5. Certificate of St	atus Desired	\$8.75 Add	
	6. Name and Address of Current	Registered Agent		7. Name and Add	ress of New Rec	istered Agent	
ADAMS, PRESTON 8092 CANYON LAKE CIRCLE			Name Street Address	Name Street Address (P.O. Box Number is Not Acceptable)			
ORLANDO	D, FL 32835						
			City	FL Zip Code			
8. The above the obliga	e named entity submits this statement for tions of registered agent.	r the purpose of changing its	registered office or regis	tered agent, or both, in	the State of Florid	da. I am familiar with,	and accept
			<del></del>				
SIGNATURE	Signature, typed or printed name of registered agent	and life if analogable (NOTE	Registered Agent signature requi	and when remarks in	- July	31 2000	
<del></del>		· · · · · · · · · · · · · · · · · · ·		ned when en staning?		DATE	
D	Filing Fee is \$61.25 ue by September 7, 2005		Section Campaign Financing     Trust Fund Contribution.		\$5.00 May Be Added to Fees Make check payable to Florida Department of State		
10.	OFFICERS AND DIE	RECTORS	11.	ADDITIONS/CHANG	S TO OFFICERS	AND DIRECTORS IN	10
TITLE NAME STREET ADDRESS CITY-SI-ZIP	VD HARDY, WILLIAM 1101 FIRST DRIVE SANFORD, FL 32771	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD EVANS, HORTENSE DR 1805 CHERRY RIDGE DRIVE HEATHROW, FL 32746	☐ Delete	IIILE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACKSON, JOYCE 1133 EAST 7TH AVE.	☐ Delete	TITLE NAME STREET ADDRESS			☐ Change	☐ Addition
TITLE	SANFORD, FL 32771		CITY-ST-ZIP				
NAME STREET ADDRESS CITY-ST-ZIP	SANFORD, FL 32771 PCD ADAMS, PRESTON JR. 8092 CANYON LAKE CIRCLE ORLANDO, FL 32835	☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
STREET ADDRESS	PCD ADAMS, PRESTON JR. 8092 CANYON LAKE CIRCLE	☐ Delete	TITLE NAME STREET ADDRESS			☐ Change	

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 address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELTONA, FL 32738

Jacky 31. 2005 (407)833-4055