

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008967

FILED
May 06, 2004
Secretary of State

Entity Name: THE FIRST CHURCH OF THE WEB INCORPORATED

Current Principal Place of Business:

PO BOX 263543
TAMPA, FL 336853543

New Principal Place of Business:

Current Mailing Address:

PO BOX 263543
TAMPA, FL 336853543

New Mailing Address:

FEI Number: 04-3610171

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MURRAY, DENISE L
6430 SANTA MONICA
TAMPA, FL 33615

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: D () Delete
Name: MURRAY, DENISE L
Address: 6430 SANTA MONICA
City-St-Zip: TAMPA, FL 33615

Title: D () Delete
Name: LINDSTROM, BARRY
Address: 6430 SANTA MONICA
City-St-Zip: TAMPA, FL 33615

Title: D () Delete
Name: MCKEEVER, JODI
Address: 4504 RANCHWOOD LANE
City-St-Zip: TAMPA, FL 33624

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: DENISE L. MURRAY

PRES

05/06/2004

Electronic Signature of Signing Officer or Director

Date