

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

FILED
Jan 28, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000001038					
1. Entity Name FIRST COAST - CHRIST COMMUNITY CHURCH INC.					
Principal Place of Business 19 LOGGERHEAD LANE PONTE VEDRA BEACH FL 32082			Mailing Address 19 LOGGERHEAD LANE PONTE VEDRA BEACH FL 32082		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 04-3601304	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HAY, BURL H 19 LOGGERHEAD LANE PONTE VEDRA BEACH FL 32082				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				FL 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.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C HIHAL, BURL <input type="checkbox"/> Delete 19 LOGGER HEAD LN. PONTE VEDRA BEACH FL 32082				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T LIQUORE, ALFIA <input type="checkbox"/> Delete 1637 5TH AVE. NORTH JACKSONVILLE BEACH FL 32250				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T BRENNAN, JEAN <input type="checkbox"/> Delete 657 PONTE VEDRA BLVD. PONTE VEDRA BEACH FL 32082				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T WALKER, CHARLENE <input type="checkbox"/> Delete 105 COQUIN ACT PONTE VEDRA BEACH FL 32082				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U000000016952 01/28/04-80074-012 61.25				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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.					
SIGNATURE: <u>Burl H. Hay</u> <u>Burl H. Hay</u> <u>1/23/04</u> <u>1-904-273-5229</u>					