## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000002118

HUYGHEBAERT, HUNTER

3665 NE 160 LANE

CITRA, FL 32113

Name:

Address:

City-St-Zip:

FILED Mar 08, 2004 Secretary of State

Entity Name: CHURCH TRUSTEE INC. **New Principal Place of Business: Current Principal Place of Business:** 3665 NE 160 LANE CITRA, FL 32113 **Current Mailing Address: New Mailing Address:** PO BOX 830571 OCALA, FL 34483 FEI Number: 74-3036998 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HUYGHEBAERT, MARC 3665 NE 160 LANE CITRA, FL 32113 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: PSTD () Change () Addition () Delete HUYGHEBAERT, MARC Name: Name: Address: 3665 NE 160 LANE Address: City-St-Zip: CITRA, FL 32113 City-St-Zip: Title: ( ) Delete Title: () Change () Addition HUYGHEBAERT, JOSEPHINE Name: Name: Address: 3665 NE 160 LANE Address: City-St-Zip: CITRA, FL 32113 City-St-Zip: Title: () Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: HUYGHEBAERT MARC PSTD 03/08/2004