2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Feb 09, 2004 8:00 am Secretary of State DOCUMENT # N02000003518 02-09-2004 90044 022 ****70 00 EPPS CHRISTIAN CENTER, INC. Principal Place of Business Mailing Address 325 NORTH A STREET 6250 COLLEGE BLVD PENSACOLA, FL 32501 PENSACOLA, FL 32504 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 01202004 Chg-NP CR2E037 (10/03) Applied For 4. FEI Number 36-4495645 City & State City & State Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7:-Name and Address of New Registered Agent -- 6. Name and Address of Current Registered Agent -TISDALE, SYLVIA E Street Address (P.O. Box Number is Not Acceptable) 325 NORTH A STREET PENSACOLA FL 32501 City 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) 9. Election Campaign Financing \$5.00 May Be Make check payable to Filing Fee is \$61.25 Trust Fund Contribution. Florida Department of State Due by May 1, 2004 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11 D-PAMELA Tisdale 6250 College Blud PD Delete TITLE ☐ Addition TITLE TISDALE, SYLVIA E NAME MAME STREET ADDRESS STREET ADDRESS 6250 COLLEGE BLVD CITY-ST-ZIP PENSACOLA, FL 32504 CITY-ST-ZIP ■ Addition TITLE D ☐ Delete THE HILL, ROBERT NAME NAME 312 S. MILE ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL 32513 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITI F WILLIAMS, GERALDINE NAME 251 NORTH C STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL 32501 CITY-ST-ZIP TITLE: TD ☐ Delete TITLE ☐ Change ☐ Addition TISDALE, JOSHUA NAME **6250 COLLEGE BLVD** STREET ADDRESS STREET ADDRESS CITÝ-ST-ZIP PENSACOLA, FL 32504 C11Y-ST-7/P Delete ☐ Change Addition TITLE TITLE GRAY, DI ANN LETT NAME ŕ, 721 GERHARDT DR. STREET ADDRESS STREET ADDRESS PENSACOLA FL 32514 CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 attachme

SIGNATURE:

FILED