2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005793

FILED Apr 06, 2005 Secretary of State

Entity Name: CENTRAL BREVARD COMMUNITY CHURCH OF GOD IN CHRIST INC.

Current Principal Place of Business:			New Prir	New Principal Place of Business:		
	KEVIEW BLVD FL 32926					
Current Mailing Address: 285 S. LAKEVIEW BLVD. COCOA, FL 32926			New Mai	New Mailing Address:		
				285 LAKEVIEW BLVD. COCOA, FL 32926		
FEI Number	r: 59-3767386	FEI Number Applied For()	FEI Number Not Ap	pplicable () Certificate of Status Desired ()		
Name and	d Address of C	Current Registered Agent:	Name an	nd Address of New Registered Agent:		
JONES, SYLVESTER 285 S. LAKEVIEW BLVD. COCOA, FL 32926 US			285 LAK	JONES, SYLVESTER 285 LAKEVIEW BLVD. COCOA, FL 32926 US		
	e named entity see of Florida.	submits this statement for the p	purpose of changing	g its registered office or registered agent, or bo		
SIGNATURE:				04/06/2005		
	Electron	ic Signature of Registered Ag	ent	Date		
OFFICER	S AND DIREC	TORS:	ADDITIC	ONS/CHANGES TO OFFICERS AND DIRECT		
Title: Name: Address: City-St-Zip:	PD () JONES, SYLVE 1115 SANTA RO ROCKLEDGE,	OSA RD.	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	D () JONES, CAROL 1115 SANTA RO ROCKLEDGE,	OSA DR.	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	D () HORSEY, PAUL 1135 GROVES ROCKLEDGE,	DR.	Title: Name: Address: City-St-Zip:	D (X) Change () Addition GOVERNOR JR., FRED 3796 BROCKINGTON CIRCLE D: COCOA, FL 32926		
	D ()	Delete	Title: Name:	D (X) Change () Addition WILCOX, LULA		
Name: Address:	HORSEY, MAM 1135 GROVES ROCKLEDGE,	DR.	Address: City-St-Zip:	812 S. WILSON ST. D: COCOA, FL 32922		
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	1135 GROVES ROCKLEDGE,	DR. FL 32955 Delete MIE JR. R LANE		o: COCOA, FL 32922 () 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.

SIGNATURE: AMOS J. GLENN O 04/06/2005