2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005957

Entity Name: NORTH FLORIDA CHRISTIAN BASS CLUB, INC.

FILED Apr 29, 2004 Secretary of State

Current Principal Place of Business: New P	incipal Place of Business:
--	----------------------------

7776 MORSE AVE 11476 PRINCESSA LN JACKSONVILLE, FL 32244 JACKSONVILLE, FL 32218

Current Mailing Address: New Mailing Address:

7776 MORSE AVE 11476 PRINCESSA LN JACKSONVILLE, FL 32244 JACKSONVILLE, FL 32218

FEI Number: 57-1136243 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:

WOODY, DAVID P
7525 SHARBETH DR S
11476 PRINCESSA LN
JACKSONVILLE, FL 32210 US
JACKSONVILLE, FL 32218 US

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: BRIAN ISAMU PETERS 04/29/2004

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: ENTER, DERIC Name: PETERS, BRIAN I

 Address:
 2461 QUAIL AVE
 Address:
 11476 PRINCESSA LN

 City-St-Zip:
 JACKSONVILLE, FL 32218
 City-St-Zip:
 JACKSONVILLE, FL 32218

Title: VD () Delete Title: VP (X) Change () Addition

 Name:
 DEVEVO, BUDDY
 Name:
 TAYLOR, DAVID

 Address:
 2442 LEONID RD.
 Address:
 8966 PAXTON RD

City-St-Zip: JACKSONVILLE, FL 32218 City-St-Zip: JACKSONVILLE, FL 32219

Title: C () Delete Title: SD (X) Change () Addition

Name:RICHARD, CARLName:RICHARD, CARLAddress:10223 SWATHMORE DRIVEAddress:10223 SWATHMORE DRIVE

City-St-Zip: JACKSONVILLE, FL 32218 City-St-Zip: JACKSONVILLE, FL 32218

Title: TD () Delete Title: TD (X) Change () Addition Name: DEAN, CRAIG Name: RAULERSON, ALLEN

Address: 8550 LORI ANN CT. Address: 11418 PRINCESSA LN
City-St-Zip: JACKSONVILLE, FL 32220 City-St-Zip: JACKSONVILLE, FL 32218

Title: C () Delete Title: C (X) Change () Addition

 Name:
 MICKEL, JIM
 Name:
 WOODY, DAVID

 Address:
 1930 JOANN RD
 Address:
 7525 SHARBETH DR. S.

 City-St-Zip:
 YULEE, FL 32097
 City-St-Zip:
 JACKSONVILLE, FL 32210

Title: CM (X) Delete Title: () Change () Addition

 Name:
 PILKINTON, GLENN
 Name:

 Address:
 5430 CONNIE JEAN RD.
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32222
 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: BRIAN ISAMU PETERS PD 04/29/2004