

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006650

FILED
Mar 14, 2004
Secretary of State

Entity Name: CHRISTIAN BIKER MISSIONARIES, INC.

Current Principal Place of Business:

3199 YARMOUTH AVE
DELTONA, FL 32738

New Principal Place of Business:

Current Mailing Address:

3199 YARMOUTH AVE
DELTONA, FL 32738

New Mailing Address:

FEI Number: 13-4208952

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GROCKE, PAMELA
3199 YARMOUTH AVE
DELTONA, FL 32738 US

Name and Address of New Registered Agent:

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:

Title: P () Delete
Name: GROCKE, JOHN
Address: 3199 YARMOUTH AVE
City-St-Zip: DELTONA, FL 32738

Title: V () Delete
Name: MARTIN, PATRICIA
Address: 3155 YARMOUTH AVE
City-St-Zip: DELTONA, FL 32738

Title: ST () Delete
Name: GROCKE, PAMELA
Address: 3199 YARMOUTH AVE
City-St-Zip: DELTONA, FL 32738

Title: D () Delete
Name: TRAWICK, ROSEMARY
Address: 2080 WIGGLEY FARMS RD
City-St-Zip: DELTONA, FL 32725

Title: D () Delete
Name: JENNINGS, MIKE
Address: 1934 S. OLD MILL DRIVE
City-St-Zip: DELTONA, FL 32725

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: JOHN B. GROCKE

P

03/14/2004

Electronic Signature of Signing Officer or Director

Date