
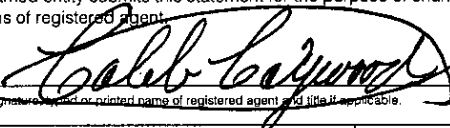
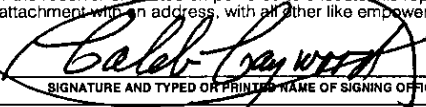


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 24, 2004 8:00 am
Secretary of State

09-24-2004 90001 042 ****61.25

DOCUMENT # N02000007138 1. Entity Name THE COMMITTEE TO COMPLETE THE GREAT COMMISSION BY 2007, INC.					
Principal Place of Business 5342 R.D. AVENUE ORLANDO, FL 32822			Mailing Address 5342 R.D. AVENUE ORLANDO, FL 32822		
2. Principal Place of Business 3000 COTTAGE GROVE CT. Suite, Apt. #, etc.		3. Mailing Address 4546 S. SEMINIAN Suite, Apt. #, etc. # 631			
City & State ORLANDO, FL		City & State ORLANDO FL		4. FEI Number 42-1556347	
Zip 32822		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CAYWOOD, CALEB 5342 R.D. AVENUE ORLANDO, FL 32822			7. Name and Address of New Registered Agent Name CAYWOOD, CALEB Street Address (P.O. Box Number is Not Acceptable) 3000 COTTAGE GROVE COURT City ORLANDO State FL Zip Code 32822		
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  CALEB CAYWOOD PRES DATE 9-22-2004 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, DOUG 452 ROCKY BROOK CT CASSELBERRY, FL 32702	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/VP MOORE, DOUG 452 ROCKY BROOK CT. CASSELBERRY, FL 32702	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO CAYWOOD, CALEB 5342 R.D. AVENUE ORLANDO, FL 32822	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P CAYWOOD, CALEB 3000 COTTAGE GROVE COURT ORLANDO, FL 32822	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CAYWOOD, CALEB 5342 R.D. AVENUE ORLANDO, FL 32822	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST TAYLOR CAYWOOD, CHRISTOPHER 5411 LIVE OAK DALLAS, TX 75206	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP HARGIS, BOBBY W 3134 CR 415 CLEBURNE, TX 76031	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RYDER, OLGA S 3657 ATRIUM DRIVE ORLANDO, FL 32822	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/ST RYPER, OLGA S. 3000 COTTAGE GROVE COURT ORLANDO, FL 32822	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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 attachment with an address, with all other like empowered.					
SIGNATURE:  CALEB CAYWOOD PRES. <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 9-22-04 Daytime Phone #		

54073408



09202004 Chg-NP CR2E037 (10/03)