## **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.



						600 M		}					
Principal Place of Business Mailing Address													
5342 R.D. A	VENUE	5342 R.D. AVENUE								F4080	0.0		
ORLANDO, FL 32822 ORLANDO, FL 32822											540734	łvo	
				IEN GAR NTIH BUIR I		 	1   <b>  </b>   1  1						
2. Principal P	Place of Busin	_	iling Address 546 S. Senona W					III LIBU BBIII BBILL I			1   1    1		
3000 C			Suite, Apt. #, etc.										
Suite, Apt.	#, etc.	# 631				09202004	Chg-NP	CR2	E037 (10/03)				
City & Stat	Α	City 8	City & State				4. FEI Number			I IAc	plied For		
ORLANDO , FL			ORLANDO F			۲.	42-1556				— — — ·	t Applicable	
Zip Country			Zip			Country				r	\$8.75 Add	ditional	
32822 USA			35855			J.S.A.	5. Certificate of Status Desired Fee Requ				Fee Require		
	6. Name	and Address of Current	Registered /	egistered Agent			7. Name and Address of New Registered Agent						
***							Name CAYWOOD, CALEB						
CAYWOO			Street Address (P.O. Box Number is Not Acceptable)										
5342 R.D. ORLANDO				3 OC			300	(P.O. Box Number is Not Acceptable)  OTTAGE BROUE COUNT					
OKLANDO	), FL 320	22							1			•	
						City			i		Zip Cod	e	
						O.t.y	OR	LANDO				822	
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 thent (CALEB CAY WOOD													
Toalely Toalument PRES										Q_	20.24	$\Delta L I$	
SIGNATURE OUT OUT OF THE SIGNATURE										9-22-2004			
Signature of printerliname of registered agent and title it applicable. (NOTE: Registered							pent signature required when reinstating)			DATE			
Filing Fee is \$61.25 9. Election Campaign F								\$5.00 w. s.		Make cl	neck payable t	n (	
В		ptember 8, 2004		Trust Fund Contrib				\$5.00 May Be Added to Fees	FI		partment of S	•	
10.		OFFICERS AND DI	BECTORS		11.			ADDITIONS/CHAN	IGES TO DEEL	SEDS AND	DIRECTORS IN		
TITLE	D	OFFICENS AND DI	nECTON3	☐ Delete	TITL.		<u> </u>	ADDITIONS/CHAIN	I	ALING AIN	☐ Change	Addition	
NAME	MOORE,	DOUG		□ Delete	NAM		1	1105 D	000		☐ Change	Auguni	
	STREET ADDRESS 452 ROCKY BROOK CT				STREET			SORE DO	Bear	CT.			
CITY-ST-ZIP CASSELBERRY, FL 32702								ASSELBI		FL	32702		
TIT! F	TITLE DCEO				TITL	F.	D	70	<u> </u>		Canne	☐ Addition	
NAME	CAYWOOD, CALEB			L. Delete	- IE		, po -	40.6		U Chango	( ) 100mm		
STREET ADDRESS 5342 R.D. AVENUE								AGE CANUR COURT					
CITY-ST-ZIP	ORLAND						RLANDO.	F.	328	22			
TITLE	Р			☐ Delete	TITL	F	_	, , , , , , , , , , , , , , , , , , , ,	i		☐ Change	Addition	
NAME				□ Balate		NAME					_ +	L.J	
STREET ADDRESS 5342 R.D. AVENUE					STR	STREET ADDRESS							
CITY-ST-ZIP ORLANDO, FL 32822					CITY	ITY-ST-ZIP							
TITLE	Delete	TITL	E			i		Change	☐ Addition				
NAME	DST TAYLOR	CAYWOOD, CHRISTO	PHER		NAM	IE.					_ •		
STREET ADDRESS	REET ADDRESS 5411 LIVE OAK					EET ADDRESS	Į						
CITY-ST-ZIP	-ZIP DALLAS, TX 75206					'-\$T-ZIP							
TITLE	DVP			Delete	TITL	E					☐ Change	☐ Addition	
NAME	HARGIS,	BOBBY W			NAN	1E	İ						
STREET ADDRESS					STR	EET ADDRESS	)						
CITY-ST-ZIP	CLEBUR	NE, TX 76031			CITY	'-ST-ZIP		, ,					
TITLE	D			☐ Delete	TITL	E	D/	5/1			Change	Addition	
NAME	RYDER, OLGA S					ME AYBER			OLGA S.				
						EET ADDRESS	30	סם כשדרטים	15 640	アント	LOURT		
CITY-ST-ZIP		O, FL 32822				'-ST-ZIP		RLANDO,					
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													
of the corporation of 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 a digress, with all ther like empowered.													
SIGNATURE: Galeb- Tray WITH PABS. 9-22-04													
SIGNAI	OUEX	SIGNATURE AND TYPED OR	PRINTED NAME O	F SIGNING OFFICER	OR DIREC		· ·	•	Date		Daytime Phone #		