2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Apr 30, 2004 8:00 am Secretary of State

DOCUMENT # N02000007229 04-30-2004 90347 017 ****61.25 THE NORTH ROSEMARY CHRISTIAN FELLOWSHIP, INC. Principal Place of Business Mailing Address 14015434 4851 CAREFREE COVE BLVD. 4851 CAREFREE COVE BLVD. WEST PALM BEACH, FL -33415 WEST PALM BEACH, FL 33415 2. Principal Place of Business 3. Mailing Address 905 2nd S 500 N. Congress Ave Suite, Apt. #, etc. 04272004 Cha-NP CR2E037 (10/03) West Palm Beach Applied For 4. FEI Number 02-0673622 Beach Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BOONE, RANDOLPH REV. Street Address (P.O. Box Number is Not Acceptable) 4851 CAREFREE COVE BLVD. WEST PALM BEACH, FL 33415 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE Make check payable to 9. Election Campaign Financing filing Fee is \$61.25 \$5.00 May Be П Trust Fund Contribution. Florida Department of State Due by May 1, 2004 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE nn e ☐ Change - ☐ Addition Delete BOONE RANDOLPH REV. NAME NAME 500 N. Congress Ave., Apt 193 STREET ADDRESS 4851 CAREFREE COVE BLVD. STREET ADDRESS West Palm Beach, FL. 3340) CITY-ST-ZIP WEST PALM BEACH, FL 33415 CITY-ST-7IP ☐ Delete ☐ Addition TITLE TITLE Boone, Susan Rev. 500 N. Congress Ave., Apt 193 BOONE, SUSAN MRS. NAME 4851 CAREFREE COVE BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-7IP WEST PALM BEACH, FL 33415 CITY-ST-ZIP West Palm Beach FL 33401 TITLE Change Addition TITLE Delete NIXON, ELIJAH J REV. NAME NAME 828 ESAT TIFFANY DRIVE #3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MANGONIA PARK, FL 33407 CITY-ST-ZIP TITLE Delete TITLE Change ■ Addition NIXON, JERONIA J MRS. NAME NAME STREET ADDRESS 828 ESAT TIFFANY DRIVE #3 STREET ADDRESS CITY-ST-ZIP MANGONIA PARK, FL 33407 CITY-ST-ZIP Addition ☐ Delete TITLE Change TITLE Adam Osborne Ja. NAME NAME STREET ADDRESS STREET ADDRESS 2200 N. Australian Ave. CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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: Keu.

Kandoph