2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008107

Entity Name: NOCATEE COMMUNITY CHURCH, INC.

FILED Apr 28, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:

7035 PHILIPS HWY. 7035 PHILIPS HWY.

SUIT 6 SUITE 6-102

JACKSONVILLE, FL 32216 JACKSONVILLE, FL 32216

Current Mailing Address: New Mailing Address:

7035 PHILIPS HWY SUIT 6-102 JACKSONVILLE, FL 32216

FEI Number: 47-0893340 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:

TRIGG, CASEY
9291 STARPASS DR
JACKSONVILLE, FL 32256 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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: DP () Delete Title: DP (X) Change () Addition

Name: TRIGG, CASEY Name: TRIGG, JAMES C Address: 9291 STARPASS DR Address: 9291 STARPASS DR

City-St-Zip: JACKSONVILLE, FL 32256 City-St-Zip: JACKSONVILLE, FL 32256 US

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

 Name:
 STRICKLAND, MIKE
 Name:
 GOUIN, KRIS

 Address:
 301 TWIN LEAF CT.
 Address:
 1464 GREENWAY PLACE

City-St-Zip: JACKSONVILLE, FL 32259 Address: 1404 GREENWAY PLACE

City-St-Zip: ORANGE PARK, FL 32003 US

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

Name:BROWN, CHRISName:BROWN, CHRISAddress:4385 COMANCHE TRAIL BLVD.Address:4385 COMANCHE TRAIL BLVD.

City-St-Zip: JACKSONVILLE, FL 32259 City-St-Zip: JACKSONVILLE, TACKSONVILLE, TACKSONVILLE, TACKSONVILLE, TACKSONVILLE, TACKSONVILLE, TACKS

Title: SECR () Delete Title: D (X) Change () Addition

 Name:
 MC WHIRTER, STEVE
 Name:
 CHRIS, KARNER

 Address:
 13700 SUTTON PARKE DR.
 Address:
 12873 DAYBREAK COURT E

 City-St-Zip:
 JACKSONVILLE, FL 32224
 City-St-Zip:
 JACKSONVILLE, FL 32246

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

 Name:
 HIGGONS, CRAIG
 Name:

 Address:
 241 WEST SILVERTHORN LN.
 Address:

 City-St-Zip:
 ST. AUGUSTINE, FL 32095
 City-St-Zip:

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

 Name:
 KARNER, CHRÍS
 Name:

 Address:
 1715 HODGES BLV. # 1306
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32224
 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: CASEY TRIGG DP 04/28/2005