


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90107 005 \*\*\*\*61.25

<b>DOCUMENT # N02000009470</b>		
1. Entity Name <b>CHURCH ON WHEELS, INC.</b>		

Principal Place of Business <b>1201 NORTH P ST. PENSACOLA FL 32505</b>	Mailing Address <b>POST OFFICE BOX 11733 PENSACOLA FL 32524</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/04)

4. FEI Number <b>65-1170307</b>		Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>ERINKITOLA, MARTHA M 2600 N. "E" STREET PENSACOLA FL 32501</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>SUNDAY, RAYMOND REV.</b> <b>1525 ENFINGER RD.</b> <b>PENSACOLA FL 32591</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary</b> <b>Wilson, Elizabeth</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>9910 Guidy Lane</b> <b>Pensacola, FL 32514</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SUNDAY, RAYMOND REV.</b> <b>1525 ENFINGER ROAD</b> <b>PACE FL 32591</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Chaplain</b> <b>Joyce James</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>1513 M. L. K. Dr.</b> <b>Pensacola, FL 32503</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BM</b> <b>WILSON, ELIZABETH</b> <b>9910 GUIDY LANE</b> <b>PENSACOLA FL 32514</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>WILSON, BOBBY MR.</b> <b>10535 GULF BEACH HIGHWAY</b> <b>PENSACOLA FL 32507</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>RUFFIN, MARGARET MRS.</b> <b>POST OFFICE BOX 18130</b> <b>PENSACOLA FL 32523</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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: *Martha M. Erinkitola* **Martha M. Erinkitola** **4/21/5 (850)**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **468-0271**