2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

4/28/2004-90196-049-$61.25-$61.25

04 MAY 26 PM 1:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000009859

1. Entity Name
SAVANNA CLUB WORSHIP SERVICE, INC.

Principal Place of Business	Mailing Address
8544 MARLBERRY CRT. PORT ST. LUCIE, FL 34952	8544 MARLBERRY CRT. PORT ST. LUCIE, FL 34952

04222004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	3825 HYDRILLA CT Suite, Apt. #, etc.
City & State	City & State: PORT ST LUCIE, FL
Zip / Country	Zip: 34952 / Country: ST LUCIE

4. FEI Number: 80-0037609 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BERGER, JACK H. 8544 MARLBERRY CRT. PORT ST. LUCIE, FL 34952	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	P TOBIAS, JAMES A 3825 MORNING DOVE CRT. PORT ST. LUCIE, FL 34952	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR SMITH, LEIGHTON 8209 E BITTERBUSH LANE PORT ST LUCIE, FL 34952	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COLLIER, JAMES 3264 COLUMBRINA CR. PORT ST. LUCIE, FL 34952	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR HENNIG, WALTER 2801 NINE IRON DR PORT ST LUCIE, FL 34952	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DRYSDALE, LYNN 8486 GALBERRY CR. PORT ST. LUCIE, FL 34952	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR ANDRASCIK, ROBERT 2916 FIDDLEWOOD CIRCLE PORT ST LUCIE, FL 34952	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KREPS, JOHN SR 3138 COLUMBRINA CR. PORT ST. LUCIE, FL 34952	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR HARTLEP, ROBERT 8212 E BITTERBUSH LANE PORT ST LUCIE, FL 34952	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BENSON, THOMAS 3712 DORAL CT. PORT ST. LUCIE, FL 34952	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCAVETTA, VINCENT 3824 MORNING DOVE CRT. PORT ST. LUCIE, FL 34952	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: James A Tobias JAMES A TOBIAS 4/23/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #