

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

02-10-2004 90018 0174 ****62.00

N02000009866

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000009866			
1. Entity Name THE STORE HOUSE CHURCH INC.			
Principal Place of Business 3869 HWY. 90 EAST DEFUNIAK SPRINGS FL 32433		Mailing Address 3869 HWY. 90 EAST DEFUNIAK SPRINGS FL 32433	
2. Principal Place of Business 3869 East Hwy 90 Defuniak Springs City & State Defuniak Springs Zip 32433		3. Mailing Address 3869 Hwy 90 East Defuniak Springs City & State Defuniak Springs Zip 32433	
4. FEI Number 20-1407806		5. Certificate of Status Desired Not Applicable	
6. Name and Address of Current Registered Agent LEDDON, LILLIE M 3869 HWY. 90 EAST DEFUNIAK SPRINGS FL 32433		7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when submitting)			
FILE NOW: FEE IS \$81.25 Due By May 11, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO LEDDON, LILLIE M 3869 HWY. 90 EAST DEFUNIAK SPRINGS FL 32433 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CARROLL, RANDON L 2608 HWY. 81 S. PONCE DE LEON BLVD. FL 32455 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Leddor, Kenneth 3865 East Hwy 90 Defuniak Springs FL 32433 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DENSFORD, JEANNE L 3863 HWY. 90 EAST DEFUNIAK SPRINGS FL 32433 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEDDON, KENNETH E 3869 HWY. 90 EAST DEFUNIAK SPRINGS FL 32433 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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)(d), 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: <u>Lillie Leddon</u>		Date _____	