

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000009894	
1. Entity Name WHOLE MAN CHRISTIAN WORSHIP CENTER INC.	

Principal Place of Business 205 57TH AVE W BRADENTON, FL 34207	Mailing Address 205 57TH AVE W BRADENTON, FL 34207
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DO NOT WRITE IN THIS SPACE



07092004 No Chg-NP CR2E037 (10/03)

4. FEI Number 33-1037534	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MARTIN, CLIFTON 5624 2ND STREET W BRADENTON, FL 34207	
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IN THIS SPACE**

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

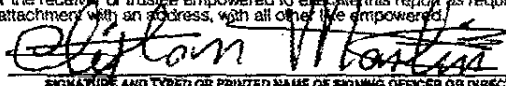
Filing Fee is \$61.25 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CLIFTON, MARTIN 5624-2ND STREET W BRADENTON, FL 34207
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD CYNTHIA, MARTIN 5624-2ND STREET W BRADENTON, FL 34207
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD RAMSEY, ROSOLYN 101 10 ST E BRADENTON, FL 34203
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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07/13/04-80004-014 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 life empowered.

SIGNATURE:  **7-9-04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #