

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001306

FILED  
Apr 29, 2005  
Secretary of State

Entity Name: CHRISTIAN CHURCH'S RELIEF FUND, INC.

## Current Principal Place of Business:

6406 N. 20TH ST.  
TAMPA, FL 33610

## New Principal Place of Business:

## Current Mailing Address:

6406 N. 20TH ST.  
TAMPA, FL 33610

## New Mailing Address:

POST OFFICE 8451  
TAMPA, FL 33674 US

FEI Number: 20-1875189

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

GENGLER, MARILYN  
6406 N. 20TH ST.  
TAMPA, FL 33610 US

## Name and Address of New Registered Agent:

WHITFIELD, MARILYN  
POST OFFICE BOX 8451  
TAMPA, FL 33674 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: MARILYN WHITFIELD

04/29/2005

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: GENGLER, MARILYN  
Address: 6406 N. 20TH ST.  
City-St-Zip: TAMPA, FL 33610

Title: D ( ) Delete  
Name: WETENDORF, GARY  
Address: 6485 62ND AVENUE  
City-St-Zip: PINELLAS PARK, FL 337815207

Title: D ( ) Delete  
Name: GOSZLETH, LOU  
Address: 2715 HAM BROWN ROAD  
City-St-Zip: KISSIMMEE, FL 34746

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: WHITFIELD, MARILYN  
Address: 6406 N. 20TH ST.  
City-St-Zip: TAMPA, FL 33610

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: MARILYN WHITFIELD

D

04/29/2005

Electronic Signature of Signing Officer or Director

Date