

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 22, 2004 8:00 am
Secretary of State


07-22-2004 90092 001 *****61.25
07-22-2004 90092 002 *****8.75

66430431



07042004 Chg-NP CR2E037 (10/03)

4. FEI Number 33-1048127	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	Not Applicable <input type="checkbox"/>
\$8.75 Additional Fee Required	

DOCUMENT # N03000001975					
1. Entity Name DISCIPLES OF CHRIST CHRISTIAN FELLOWSHIP MISSIONARY BAPTIST CHURCH, INC.					
Principal Place of Business P.O. BOX 9153 JACKSONVILLE, FL 32208-9153			Mailing Address P.O. BOX 9153 JACKSONVILLE, FL 32208-9153		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LECOUNT, ROBERT JR. 1548 WEST 26TH STREET JACKSONVILLE, FL 32209				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
DATE _____					
Filing Fee is \$61.25 Due by September 8, 2004			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		
			\$5.00 May Be Added to Fees		
			Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS					
TITLE	CD	Delete		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
NAME	LECOUNT, ROBERT J PASTOR			TITLE	Change Addition
STREET ADDRESS	1548 WEST 26TH STREET			NAME	
CITY-ST-ZIP	JACKSONVILLE, FL 32209			STREET ADDRESS	
TITLE	D	Delete		TITLE	Change Addition
NAME	LECOUNT, DIANE			NAME	
STREET ADDRESS	1548 WEST 26TH STREET			STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32209			CITY-ST-ZIP	
TITLE	D	Delete		TITLE	Change Addition
NAME	HEARN, AVARN SR.			NAME	
STREET ADDRESS	1919 ORLEAN DRIVE			STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32210			CITY-ST-ZIP	
TITLE		Delete		TITLE	Change Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		Delete		TITLE	Change Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		Delete		TITLE	Change Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		Delete		TITLE	Change Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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: <i>Pastor Robert LeCount</i> Robert LeCount <i>7/20/04</i> 7/20/04 <i>(904) 591-6143</i> (904) 591-6143					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					