

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000002927

**FILED**  
**Apr 07, 2004**  
**Secretary of State****Entity Name:** CHURCH OF RECONCILIATION INC**Current Principal Place of Business:**5117 N KALIGA DR  
SAINT CLOUD, FL 34771**New Principal Place of Business:****Current Mailing Address:**5117 N KALIGA DR  
SAINT CLOUD, FL 34771**New Mailing Address:****FEI Number:** 04-3749998**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**MOON, MARTIN L  
5117 N KALIGA DR  
SAINT CLOUD, FL 34771**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date**OFFICERS AND DIRECTORS:**Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: PRE ( ) Change (X) Addition  
Name: MOON, RITA  
Address: 5117 N KALIGA DR  
City-St-Zip: SAINT CLOUD, FL 34771Title: VP ( ) Change (X) Addition  
Name: MCPHEE, JOHN  
Address: 5117 N KALIGA DR  
City-St-Zip: SAINT CLOUD, FL 34771Title: SEC ( ) Change (X) Addition  
Name: MOON, MARTIN L  
Address: 5117 N KALIGA DR  
City-St-Zip: SAINT CLOUD, FL 34771Title: TRE ( ) Change (X) Addition  
Name: MOON, MARTIN L  
Address: 5117 N KALIGA DR  
City-St-Zip: SAINT CLOUD, FL 34771

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: MARTIN L MOON

SEC

04/07/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director\_\_\_\_\_  
Date