

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2005 8:00 am
Secretary of State

03-16-2005 90046 049 ****61.25

20021452



01122005 Chg-NP CR2E037 (10/03)

4. FEI Number
65-1194705

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HALEY, CLOUD E
621 NE 2ND STREET
TRENTON, FL 32693

7. Name and Address of New Registered Agent

Name
Rev. Randall L. Peters
Street Address (P.O. Box Number is Not Acceptable)
1900 NW 55 Avenue

City
Bell FL Zip Code
32619

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 Randall L. Peters, Minister
Signature, typed or printed name of registered agent and title if applicable.

Randall L. Peters
(NOTE: Registered Agent signature required when reinstating)

3-13-05
DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	LONG, STEPHEN	
STREET ADDRESS	1005 NW 17TH AVE	
CITY-ST-ZIP	CHIEFLAND, FL 32626	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HALEY, CLOUD N E	
STREET ADDRESS	PO BOX 699	
CITY-ST-ZIP	TRENTON, FL 32693	
TITLE	D	<input type="checkbox"/> Delete
NAME	RUGGLES, CHRISTOPHER	
STREET ADDRESS	PO BOX 996	
CITY-ST-ZIP	BELL, FL 32619	
TITLE	D	<input type="checkbox"/> Delete
NAME	STONEKING, HELEN	
STREET ADDRESS	4651 NW 155TH STREET	
CITY-ST-ZIP	TRENTON, FL 32693	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOYD, JUDY	
STREET ADDRESS	5180 SW CR 341	
CITY-ST-ZIP	TRENTON, FL 32693	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Trustee	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Davis, Shane	
STREET ADDRESS	9730 SW 55 Ave	
CITY-ST-ZIP	Trenton, FL 32693	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: Randall L. Peters
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-05 352-463-7506
Date Daytime Phone #