

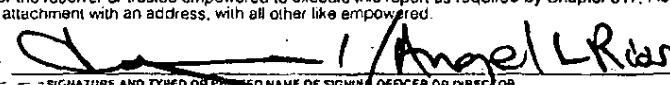


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 23, 2004 8:00 am
Secretary of State

9/21

09-02-2004 90073 013 ****61.25

DOCUMENT # N03000005989			
1. Entity Name FLORIDA CHRISTIAN SOCIAL SERVICES CORP.			
Principal Place of Business 6857 LONG NEEDLE CT. ORLANDO, FL 32822		Mailing Address 6857 LONG NEEDLE CT. ORLANDO, FL 32822	
2. Principal Place of Business ONE PURLIEU PL Suite, Apt. #, etc. # 270 City & State WINTER PARK		3. Mailing Address P.O. Box 72123F Suite, Apt. #, etc. City & State ORLANDO FL 32872	
4. FEI Number 54-2123322		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		08312004 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent LOPEZ, LUIS A REV. 6857 LONG NEEDLE CT. ORLANDO, FL 32822		7. Name and Address of New Registered Agent Name LOPEZ LUIS E. Street Address (P.O. Box Number is Not Acceptable) ONE PURLIEU PL City WINTER PARK FL Zip Code 32792	
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: 		DATE: 08-31-04	
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOPEZ, LUIS REV 6857 LONG NEEDLE CT. ORLANDO, FL 32822 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MOYA, JOSE T REV 1600 N. CHIKASAW TRAIL ORLANDO, FL 32825 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RIOS, ANGEL L REV 2555 NEWBOLT DR. ORLANDO, FL 32817 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAL SANTO, ELSA 1379 RUNNING DR. ORLANDO, FL 32825 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VALENTIN, ESNESTO TRUSTEE 1702 COLTON DR. ORLANDO, FL 32822 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		8-31-04 321-488-3553	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

66434004

3807100





Attachment
66434604

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

September 8, 2004

FLORIDA CHRISTIAN SOCIAL SERVICES CORP.
P.O. BOX 721235
ORLANDO, FL 32872

Subject: ~~FLORIDA CHRISTIAN SOCIAL SERVICES CORP.~~

Reference Number: N03000005989

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report has not been filed and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

**~~TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION,~~
~~PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF~~
~~CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-~~
~~1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.~~**

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/ML
ANNUAL REPORTS SECTION