2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Apr 26, 2004 8:00 am Secretary of State DOCUMENT # N03000006687 04-26-2004 90414 012 ****61.25 THE LORD'S TABLE CHRISTIAN CHURCH, INC. Mailing Address Principal Place of Business 10304 RIVERBURN DRIVE POST OFFICE BOX 46812 74009909 TAMPA, FL 33647 TAMPA, FL 33647 2. Principal Place of Business 3111 E. Wilder 3. Mailing Address P.O. Box 48874 Suite, Apt. #, etc Suite, Apt. #, etc. 04062004 Chg-NP CR2E037 (10/03) ampa, City & State Applied For ⊒tv & State 98454 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Jesse Washington WASHINGTON, JESSE 10304 RIVERBURN DRIVE TAMPA, FL 33647 Done Creek Dr. 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 SIGNATURE DATE Filing Fee Is \$61.25. , 9. Election Campaign Financing \$5.00 May Be Make check payable to Florida Department of State Trust Fund Contribution. Due by May 1, 2004 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. n Delete TITLE Addition TITLE : Dawn Rollins 1024 Douglas Oak Cir. #303 Tampa, FL 33610 NELSON, ARNOLD NÂME NAME 26614 SEA HERO CIRCLE STREET ADDRESS STREET ADDRESS WESLEY CHAPEL, FL 33544 CITY-ST-ZIP CITY - ST - 7/P Addition TITLE ☐ Delete TITLE ☐ Change WASHINGTON, JESSE JR. NAME NAME 10304 RIVERBURN DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **TAMPA, FL 33647** CITY-ST-ZIP Addition TITLE Delete TITLE Winston Tyrone Jackson 1318 Hatcher Loop Dr. **★** Change WILLIAMS, ALYSIA NAME NAME STREET ADDRESS 12201 NORTH 50TH STREET #44 STREET ADDRESS Brandon, FL 33511 CITY_ST_ZIP TAMPA, FL .33617- --- -CITY-ST-ZIP -TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IS Addition ☐ Delete TITLE TITL F Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ... 12. I hereby certify that the information supplied with this filling 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 eath; that I am an officer or director of the corporation of 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 ap address with all other like empowered.

esse Washinaton,

FILED