2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008158

FILED Jan 18, 2005 Secretary of State

Entity Name: GULFPORT COMMUNITY CHURCH, INC.

Current Principal Place of Business: New Principal Place of Business:

P.O. BOX 530306

GULFPORT, FL 337070306

Current Mailing Address: New Mailing Address:

P.O. BOX 530306

GULFPORT, FL 337070306

FEI Number: 20-0336625 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RIES, JOHN RIES, JOHN

2620 - 56TH STREET SOUTH 10265 ULMERTON RD #53 GULFPORT, FL 33707 US LARGO, FL 33771 US

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: JOHN RIES 01/18/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: P () Delete Title: P (X) Change () Addition

 Name:
 RIES, JOHN
 Name:
 RIES, JOHN

 Address:
 2620-56TH STREET S.
 Address:
 10265 ULMERTON RD #53

City-St-Zip: GULFPORT, FL 33707 City-St-Zip: LARGO, FL 33771

Title: TS () Delete Title: TS (X) Change () Addition Name: RIES, BARBARA Name: RIES, BARBARA

 Address:
 2620-56TH STREET SOUTH
 Address:
 10265 ULMERTON RD #53

 City-St-Zip:
 GULFPORT, FL 33707
 City-St-Zip:
 LARGO, FL 33771

Title: D () Delete Title: D (X) Change () Addition
Name: KEENER, KEN
Name: KEPNER, KEN

 Name:
 KEENER, KEN
 Name:
 KEPNER, KEN

 Address:
 10488 HAZEL STREET
 Address:
 10488 HAZEL STREET

 City-St-Zip:
 LARGO, FL 33778
 City-St-Zip:
 LARGO, FL 33778

Title: D () Delete Title: () Change () Addition

 Name:
 KEPNER, CAROL
 Name:

 Address:
 10488 HAZEL STREET
 Address:

 City-St-Zip:
 LARGO, FL 33778
 City-St-Zip:

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: JOHN RIES P 01/18/2005