

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 02, 2005
Secretary of State**

DOCUMENT# N03000009020

Entity Name: CHRISTWAY SANCTUARY OF PRAISE AND WORSHIP INC.

Current Principal Place of Business:

33926 C R 473
LEESBURG, FL 34788

New Principal Place of Business:

315 NORTH 15TH STREET
LEESBURG, FL 34748

Current Mailing Address:

10236 PATRICK DRIVE
LEESBURG, FL 34788

New Mailing Address:

FEI Number: 01-0799616 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

THOMPSON, MARTENER
10236 PATRICK DRIVE
LEESBURG, FL 34788 US

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: D () Delete
Name: THOMPSON, A G
Address: 10236 PATRICK DRIVE
City-St-Zip: LEESBURG, FL 34788

Title: D () Delete
Name: THOMPSON, MARTENER
Address: 33926 C R 473
City-St-Zip: LEESBURG, FL 34788

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: THOMPSON, MARTENER
Address: 10236 PATRICK DRIVE
City-St-Zip: LEESBURG, FL 34788

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: ARTHUR G. THOMPSON

DIRE

03/02/2005

Electronic Signature of Signing Officer or Director

_____ Date