## 2004 NOT-FOR-PROFIT CORPORATION

## Apr 28, 2004 8:00 am Secretary of State

## ANNUAL REPORT

DOCUMENT # N04000000025 04-28-2004 90189 033 \*\*\*\*70.00 1. Entity Name PILLAR COMMUNITY FOUNDATION, INC. Mailing Address Principal Place of Business PILLAR GROUND AND TRUCH, CHURCH OF GOD BY PILLAR GROUND AND TRUCH, CHURCH OF GOD BY 625 SW AVE B 625 SW AVE B BELLE GLADE, FL 33430 BELLE GLADE, FL 33430 2. Principal Place of Business coundand Truth, COGBF 04062004 CR2E037 (10/03) 4. FEI Number Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agen 7. Name and Address of New Registered Agent SMITH, CHARLES Street Address (P.O. Box Number is Not Acceptable) 1140 18TH AVE NORTH LAKE WORTH, FL 33460 City Zip Code 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 agen SIGNATURE (NOTE: Registered Agent signature regu Stonature, typed or printed name of registered agent and title if appli Make check payable to 9. Election Campaign Financing \$5.00 May Be Filing Fee is \$61.25 Florida Department of State Trust Fund Contribution. Added to Fees Due by May 1, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Change ☐ Addition TITLE Delete RUSSELL, GERALDINE S NAME NAME 275 SE 2ND AVE, STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BELLE GLADE, FL 33493 CITY-ST-7IP Delete Change ☐ Addition VD TITLE TITLE MCDIFFIE, JIMMY NAME NAME 1142 NW 30TH TERRACE STREET ADDRESS STREET ADDRESS FT. LAUDERDALE, FL 33311 CITY-ST-ZIP CITY-ST-ZIP TD ☐ Delete TITLE ☐ Addition TITLE NAME NAME SMITH, TERRY STREET ADDRESS STREET ADDRESS 1229 SW AVE C CITY-ST-ZIP CITY-ST-ZIP BELLA GLADE, FL 33430 ☐ Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition ☐ Change ☐ Delete BILE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 refereiver 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: