

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)


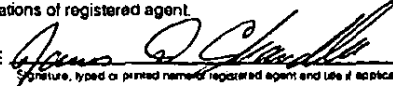

FILED
Sep 08, 2005 8:00 am
Secretary of State

05-06-2005 90101 018 ****61.25

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1st MOORE CR2E037 (10/04)

DOCUMENT # N04000009734					
1. Entity Name THE COWBOY CHURCH AT PALM VALLEY RANCH, INC.					
Principal Place of Business 1050 ST MARKS POND BLVD ST AUGUSTINE FL 32095			Mailing Address 1050 ST MARKS POND BLVD ST AUGUSTINE FL 32095		
2. Principal Place of Business		3. Mailing Address 47 PONTEVEDRA COLONY CIR			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State PONTEVEDRA BEACH		4. FEI Number 81-0657229	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
32082	USA	32082	USA		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CHANDLER, DAVID 1050 ST MARKS POND BLVD ST AUGUSTINE FL 32095			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL 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 agent.					
SIGNATURE 		JAMES D. CHANDLER		4/25/05	
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PASTOR DAVID CHANDLER 47 PONTEVEDRA COLONY CIR, ST. AUG., FL 32082 <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	TRUSTEE RICH NORTON 745 MARSH COVE P.V. BEACH FL 32082 <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	TRUSTEE 1515 FRUIT COVE FT. RD. FRUIT COVE FL 32259 DEBBIE BURBESS <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	
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	
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: 		August 30, 2005			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			