

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

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90224 025 ****61.25

DOCUMENT # N04000010962 1. Entity Name NEW THOUGHT COMMUNITY CHURCH OF MARATHON, INC.					
Principal Place of Business 1600-79TH STREET OCEAN MARATHON FL 33050			Mailing Address 1600-79TH STREET OCEAN MARATHON FL 33050		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		3. Mailing Address 2000 Manor Lane Marathon FL Suite, Apt. #, etc. City & State Zip 33050 Country USA			
6. Name and Address of Current Registered Agent SELLS, ALLEN 1600-79TH STREET OCEAN MARATHON FL 33050			7. Name and Address of New Registered Agent 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 Allen Sells, Minister April 20, 2005 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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	P BLACKBURN, MARC <input checked="" type="checkbox"/> Delete 250-63RD STREET OCEAN MARATHON FL 33050		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pending: Tom Blythe <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 43 7th Street Ocean Marathon, FL 33050	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GIFFEN, LOIS <input type="checkbox"/> Delete 2000 MANOR LANE MARATHON FL 33050		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GOODWIN, LYNN <input type="checkbox"/> Delete 180-10TH STREET KEY COLONY BEACH FL 33051		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M SELLS, ALLEN <input type="checkbox"/> Delete 1600-79TH STREET OCEAN MARATHON FL 33050		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: Lois K. Giffen; Treas. 4/20/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 905 743</small>					

