2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06329

FILED Aug 14, 2004 Secretary of State

Entity Name: TRUSTEE CORPORATION OF THE AMELIA BAPTIST CHURCH, INC.

Current Principal Place of Business:			New Prince	New Principal Place of Business:		
	LAMY BROS Y, FL 33525	US				
Current Mailing Address:			New Maili	New Mailing Address:		
	LAMY BROS E Y, FL 33525	BLVD US				
FEI Number:	59-2184317	FEI Number Applied For()	FEI Number Not Appl	licable () Certificate of Status Desired ()		
Name and	Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:		
708 E MER	N, WILLIAM F RIDIAN AVE Y, FL 33525					
The above in the State		submits this statement for the p	ourpose of changing i	its registered office or registered agent, or both,		
SIGNATUR	RE:					
	Electron	ic Signature of Registered Age	ent	Date		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD () CARR, WAYNE 8451 GILLETT I ZEPHYRHILLS,	RD	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	D () CRAINE, ELIZA 8547 GILLETT I ZEPHYRHILLS,	RD	Title: Name: Address: City-St-Zip:	SD (X) Change () Addition CRAINE, ELIZABETH 8547 GILLETT RD ZEPHYRHILLS, FL 33544 US		
Title: Name: Address: City-St-Zip:	ALVARADO, LIN 8829 GILLETT I		Title: Name: Address: City-St-Zip:	D (X) Change () Addition WEBB, EDITH 27854 DARBY ROAD DADE CITY, FL 33525 FL		
Title: Name: Address: City-St-Zip:	, ,		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	TD () BENNETT, RICH 3096 DARBY RI DADE CITY, FL	D	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	VD () BENNETT, DEB 3096 DARBY RO DADE CITY, FL	OAD	Title: Name: Address: City-St-Zip:	()Change ()Addition		

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: CRAINE, CARL T. D 08/14/2004