2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Feb 16, 2004 8:00 am **Secretary of State** DOCUMENT # N08753 1. Entity Name 02-16-2004 90060 043 ****61.25 CENTRAL CHURCH OF CHRIST OF LABELLE, INC. Principal Place of Business Mailing Address 60 HENDRY ST **60 HENDRY ST J4ULJUUU** LABELLE FL 33935 LABELLE FL 33935 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State Applied For 4. FEI Number 59-2452408 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BULLARD, JAMES 390 PONY PLACE Street Address (P.O. Box Number is Not Acceptable) MOORE HAVEN FL 33471 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. the obligations of registered agent. JAMES. Secretary SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due By May 1, 2004 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 SD Addition ☐ Delete TITLE TITLE BULLARD, JAMES NAME NAME 390 PONY PLACE STREET ADDRESS STREET ADDRESS MOORE HAVEN FL 33471 CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE GARDNER, MARDEN NAME NAME 4559 SPRINGVIEW CIR STREET ADDRESS STREET ADDRESS LA BELLE FL 33935 CITY-ST-ZIP CITY-ST-ZIP ____,Change ☐ Addition ☐ Delete MCDANIEL, TIFTON --NAME NAME 190 CLARK ST. STREET ADDRESS STREET ADDRESS LABELLE FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE PREJEAN, JOSEPH NAME NAME 2008 MARINER CT STREET ADDRESS STREET ADDRESS LABELLE FL CITY-ST-ZIP CITY-ST-ZIP ■ Addition ☐ Delete TITLE ☐ Change TITLE FIDLER, LEN NAME NAME 93 HICKORY CT STREET ADDRESS STREET ADDRESS LABELLE FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZiP

12. Thereby 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

Joseph PREJEAN

OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address, with all other like empowered.

FILED