2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2004 08:00 AM
Secretary of State

DOCUMENT # N08768

1. Entity Name
BIG PINE CHRISTIAN CENTER, INC.

Principal Place of Business	Mailing Address
100 COUNTY ROAD BIG PINE, FL 33043 US	100 COUNTY RD BIG PINE, FL 33043 US

01072004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2592299
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

COOK, MITCHELL J
3706 N ROOSEVELT BV
STE I
KEY WEST, FL 33046

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000051103
02/16/04-80038-019 70.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LAWES, STEVE
STREET ADDRESS	2361 PENSACOLA ROAD
CITY-ST-ZIP	BIG PINE KEY, FL
TITLE	D
NAME	BOWES, LAURENCE
STREET ADDRESS	PO BOX 430734
CITY-ST-ZIP	BIG PINE KEY, FL 33043
TITLE	TD
NAME	WAHLGREN, TOM
STREET ADDRESS	29980 BALSA LANE
CITY-ST-ZIP	BIG PINE KEY, FL
TITLE	D
NAME	UNDERWOOD, BILL
STREET ADDRESS	P.O. BOX 517 N/A
CITY-ST-ZIP	SUMMERLAND KEY, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: PRESIDENT STEVE LAWES 1/8/04 305 872 3404
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #