

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08768

FILED
Jan 08, 2005
Secretary of State

Entity Name: BIG PINE CHRISTIAN CENTER, INC.

Current Principal Place of Business:

100 COUNTY ROAD
BIG PINE, FL 33043 US

New Principal Place of Business:

100 COUNTY ROAD
BIG PINE KEY, FL 33043 US

Current Mailing Address:

100 COUNTY RD
BIG PINE, FL 33043 US

New Mailing Address:

100 COUNTY RD
BIG PINE KEY, FL 33043 US

FEI Number: 59-2592299

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LAWES, STEVE
Address: 2361 PENSACOLA ROAD
City-St-Zip: BIG PINE KEY, FL

Title: D (X) Delete
Name: BOWES, LAURENCE
Address: PO BOX 430734
City-St-Zip: BIG PINE KEY, FL 33043

Title: TD () Delete
Name: WAHLGREN, TOM
Address: 29980 BALSALANE
City-St-Zip: BIG PINE KEY, FL

Title: D () Delete
Name: UNDERWOOD, BILL
Address: P.O. BOX 517 N/A
City-St-Zip: SUMMERLAND KEY, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: STEVE LAWES

PD

01/08/2005

Electronic Signature of Signing Officer or Director

Date