


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

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90032 011 ****61.25

DOCUMENT # N09766			
1. Entity Name FIRST CHRISTIAN CHURCH OF ARCADIA, INC.			
Principal Place of Business FIRST CHRISTIAN CHURCH 34 ST VERANO AVENUE ARCADIA FL 34266 US		Mailing Address 10 EL VERANO AVENUE ARCADIA FL 33821 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent SCOTT, EUGENE 2144 SW COUNTY ROAD 661 PO BOX 358 ARCADIA FL 34266		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 <u>Eugene J Scott Eugene Scott</u> <u>1-20-2005</u> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDV SCOTT, EUGENE 2144 SW COUNTY ROAD 661 ARCADIA FL 34266 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Loughren, Robert <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3144 NE Turner Ave Arcadia FL 34266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LOUGHREN, ROBERT 3144 NE TURNER AVE ARCADIA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Scott, Eugene <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2144 SW County Road 661 Arcadia FL 34266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ALBRITTON, SIDNEY 4481 SE N. HOG BAY EXT. ARCADIA FL 34266 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Albritton, Sidney <input type="checkbox"/> Change <input type="checkbox"/> Addition 4481 SE N. Hog Bay Ext. Arcadia FL 34266
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
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: Robert Loughren Robert Loughren 1-20-05 863-494-0298
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #