


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 05, 2004 8:00 am
Secretary of State

08-05-2004 90006 006 ****70.00

DOCUMENT # N09905 1. Entity Name BISCAYNE COMMUNITY CHURCH, INC.	
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Principal Place of Business 15300 SW 288 ST 15300 S.W. 288TH ST. HOMESTEAD, FL 33033 US	Mailing Address 15300 SW 288 ST 15300 S.W. 288TH ST. HOMESTEAD, FL 33033 US
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DO NOT WRITE IN THIS SPACE

07212004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1360653	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**COLEMAN, JOHN R
1720 NW 11 AVENUE
HOMESTEAD, FL 33030**

DO NOT WRITE IN THIS SPACE

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: *John R Coleman* (NOTE: Registered Agent signature required when reinstating) DATE: _____

Filing Fee is \$61.25 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT COLEMAN, JOHN R JR 1720 NW 11TH AVE HOMESTEAD, FL 33030
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP ROBERTS, TOM 16251 SW 282ND STREET HOMESTEAD, FL 33033
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CURTISS, KEVIN E 1000 NE 9 STREET HOMESTEAD, FL 33030
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP William J Buttermore 14530 SW 284 ST Lakeland City, FL 33030
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: *John R Coleman* 1 Aug 2004 305 283 8643
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #