


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

**FILED**  
**Jan 29, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N17084</b> 1. Entity Name <b>CHURCH OF JESUS CHRIST THE LIVING SAVIOR INC.</b>	
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Principal Place of Business <b>560 ORTIZ AVE</b> <b>1</b> <b>FT MEYERS FL 33905</b>	Mailing Address <b>3907 SW 20TH STREET</b> <b>LEHIGH FL 33971</b>
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2. Principal Place of Business	3. Mailing Address	4. FEI Number	Applied For
Suite, Apt #, etc.	Suite, Apt #, etc.	<b>41-0601155</b>	<input type="checkbox"/> Not Applicable
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip	Country	Zip	Country



MOORE CR2E037 (11/03)

**6. Name and Address of Current Registered Agent**

**SHIELD, REV. CHARLES L.**  
**3907 20TH ST**  
**LEHIGH ACRES FL 33971**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE	PD SHIELDS, CHARLES L. <input type="checkbox"/> Delete
NAME	3907- 20TH ST
STREET ADDRESS	LEHIGH ACRES FL
CITY-ST-ZIP	
TITLE	VD SHIELDS, KATHERINE <input type="checkbox"/> Delete
NAME	3907-20 ST <span style="font-size: 2em; vertical-align: middle;">S</span>
STREET ADDRESS	LEHIGH ACRES FL
CITY-ST-ZIP	
TITLE	VD HOWARD, SHERMAN L. <input type="checkbox"/> Delete
NAME	MANGO ST <span style="font-size: 2em; vertical-align: middle;">A</span>
STREET ADDRESS	FT. MYERS FL
CITY-ST-ZIP	
TITLE	SD HOWARD, PATRICIA ANN <input type="checkbox"/> Delete
NAME	MANGO ST <span style="font-size: 2em; vertical-align: middle;">M</span>
STREET ADDRESS	FT. MYERS FL
CITY-ST-ZIP	
TITLE	TD THOMAS, BILLY D <input type="checkbox"/> Delete
NAME	4413 5TH ST <span style="font-size: 2em; vertical-align: middle;">E</span>
STREET ADDRESS	LEHIGH ACRES FL 33971-1101
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	U00000020186
CITY-ST-ZIP	01/29/04-80055-010 70.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:** *Charles L. Shields* 112504 239-368-5355  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #