

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Sep 30, 2004
Secretary of State**

DOCUMENT# N19385

Entity Name: CHRISTIAN DEVELOPMENT CENTER, INC.

Current Principal Place of Business:

1841 EVERGREEN AVENUE
JACKSONVILLE, FL 32206 US

New Principal Place of Business:

Current Mailing Address:

1841 EVERGREEN AVENUE
JACKSONVILLE, FL 32206 US

New Mailing Address:

FEI Number: 59-2756832 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CREECH, SYLVIA R
9603 FLECHETTE AVE
JACKSONVILLE, FL 32208 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: POLLARD, DESSIE B., JR.
Address: 9453 SAPPINGTON AVE.
City-St-Zip: JACKSONVILLE, FL

Title: VD () Delete
Name: POLLARD, PAULA L.,
Address: 9453 SAPPINGTON AVE.
City-St-Zip: JACKSONVILLE, FL

Title: TD () Delete
Name: BEATON, JOHNNIE MAE
Address: 1514 VAN BUREN STREET
City-St-Zip: JACKSONVILLE, FL

Title: SD () Delete
Name: PRESHA, GERALDINE P.,
Address: 1052 E. 10TH STREET
City-St-Zip: JACKSONVILLE, FL

Title: TD () Delete
Name: MILLER, BETTY J
Address: 3238 PLUM ST.
City-St-Zip: JACKSONVILLE, FL 32205

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:

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: DESSIE B, POLLARD, JR.

PD

09/30/2004

Electronic Signature of Signing Officer or Director

Date