


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

DOCUMENT # N22367		
1. Entity Name CHURCH OF JESUS CHRIST OF MARIANNA, INC.		
Principal Place of Business 2620 OLD AIRBASE ROAD MARIANNA FL 32308	Mailing Address 4060 THOMASVILLE LANE MARIANNA FL 32448	
2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip
		Country

FILED
04 MAR 30 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



MOORE CR2E037 (11/03)

4. FEI Number 59-3164109	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
EVANS, JACK O 4040 ROSCREA DR. TALLAHASSEE FL 32308	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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	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	PD VLIEG, BERNARD 4060 THOMASVILLE LANE MARIANNA FL 32448	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			600032493196
CITY-ST-ZIP			04/12/04--01106--007 **61.25
TITLE	VPD HARRELL, RICK 42 KENNETH CIRCLE CRAWFORDVILLE FL 32327	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	SD EVANS, JACK O 4040 ROSCREA DR. TALLAHASSEE FL 32309	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	TD VLIEG, LEOLA 4060 THOMASVILLE LANE MARIANNA FL 32448	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	MD SHAW, LAMAR 42 KENNETH CIR. CRAWFORDVILLE FL 32327	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	MD KIGER, GARY 4069 RIVER RD. SNEADS FL 32460	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			
CITY-ST-ZIP			VPD KIGER, GARY 2131 TRENT AVE GRAND RIDGE, FL 32442

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: Jack O. Evans Jack O. Evans 3/17/04 850-414-4285
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #