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

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DOCUI	MENT # N22367				FILED			
CHURCH OF JESUS CHRIST OF MARIANNA, INC.					04 M/	AR 30 AM 8	: 00	
Principal Place	e of Business	Mailing Address						
2620 OLD AIRBASE ROAD MARIANNA FL 32308		4060 THOMASVILLE LANE MARIANNA FL 32448		Í	TALLA	HASSEE, FLO	AIDA	
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2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		M	OORE CF	R2E037 (11/03)		
City & State		City & State		4. FEI Number 5	9-3164109		plied For at Applicable	
Zip	Country	Zip	Country	5. Certificate of St	atus Desired [\$8.75 Add Fee Required		
6. Name and Address of Current Re				7. Name and Add	ress of New Regis	stered Agent		
			Name	Name				
EVANS, JACK O 4040 ROSCREA DR. TALLAHASSEE FL 32308		این د سیون س	Street Address ((P.O. Box Number is Not Acceptable)			
IAL	LAHASSEE FL 32308							
			City		FL Zip Code			
	named entity submits this statement for ions of registered agent.	r the purpose of changing its r	egistered office or reg	istered agent, or both, in	the State of Fiorida	a. I am familiar with,	and accept	
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:	Registered Agent signature red	quired when reinstating)		DATE		
S Succession	Signature, typed or printed name of registered agent of FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Cam Trust Fund Co	paign Financing	\$5.00 May Be Added to Fees		Check Payable Department of S		
	FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Cam Trust Fund Co	paign Financing ontribution.	\$5.00 May Be Added to Fees	Florida I	Check Payable Department of S	State	
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12. I nereby certify that the information supplied with this filling 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 U. Early SIGNATURE AND TYPED ON PRINTED MANGE OF SIGNING OFFICER ON DIRECTOR

3/17/04 850 - 414 - 4285

Dale Dayline Phone #