
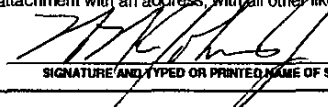


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 28, 2004 8:00 am**  
**Secretary of State**

05-28-2004 90003 017 \*\*\*150.00

<b>DOCUMENT # N27728</b>			
1. Entity Name FLORIDA FAITH FORUM, INC.			
Principal Place of Business 21235 CARSON DR. LAND O LAKES, FL 34639		Mailing Address P.O. BOX 1380 LUTZ, FL 33548	
2. Principal Place of Business 2530 Wilson Road Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State Land O Lakes, FL		City & State	
Zip 34639	Country	Zip	Country
4. FEI Number 59-2909940		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SWANICK, LINDA 105 S OBRIEN ST APT 114 TAMPA, FL 33609		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 _____			
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	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOHNSON, W. WOODLAND, JR 22235 CARSON DR LAND O LAKES, FL 34639 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D A. Allan Machesney <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 11504 Gilbralter Pl Tampa, Fl 33617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWANICK, LINDA 105 S O BRIEN ST APT 114 TAMPA, FL 33609 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SKIPPER, STANLEY J., SR. 2007 DELEON, APT A TAMPA, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACGREGOR, DUNCAN S. 1009 S POINT ALEXIS DRIVE TARPON SPRINGS, FL 34689 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S UTT, LLURAH G 3532 E. LAKE DR LAND O LAKES, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D James R. Gordon <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 285 Sunset Drive Brooksville, Fl 34601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		05/23/04 813 948-4358	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

54055769



03192003 Chg-NP CR2E037 (10/03)