

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

FILED
Mar 16, 2004 8:00 am
Secretary of State

03-02-2004 90043 019 ****61.25

DOCUMENT # N33991 1. Entity Name SINGLES REACHING SINGLES IN CHRIST, INC.					
Principal Place of Business 3906 WEBBER ST SARASOTA FL 34232-4919 US			Mailing Address C/O GERRY GALLICCHIO 3906 WEBBER ST. SARASOTA FL 34232-4919 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GALLICCHIO, GERRY 3906 WEBBER ST. SARASOTA FL 34232				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;"> SIGNATURE <i>Gerry Gallicchio</i> <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 20%; text-align: center;"> 2/21/04 <small>DATE</small> </div> </div>					
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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	NAME		TITLE	NAME	
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
Delete <input type="checkbox"/>	Delete <input type="checkbox"/>		Change <input type="checkbox"/>	Addition <input type="checkbox"/>	
TITLE	NAME		TITLE	NAME	
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
Delete <input checked="" type="checkbox"/>	Delete <input checked="" type="checkbox"/>		Change <input type="checkbox"/>	Addition <input type="checkbox"/>	
TITLE	NAME		TITLE	NAME	
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
Delete <input checked="" type="checkbox"/>	Delete <input checked="" type="checkbox"/>		Change <input type="checkbox"/>	Addition <input type="checkbox"/>	
TITLE	NAME		TITLE	NAME	
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
Delete <input type="checkbox"/>	Delete <input type="checkbox"/>		Change <input checked="" type="checkbox"/>	Addition <input type="checkbox"/>	
TITLE	NAME		TITLE	NAME	
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
Delete <input checked="" type="checkbox"/>	Delete <input checked="" type="checkbox"/>		Change <input type="checkbox"/>	Addition <input checked="" type="checkbox"/>	
TITLE	NAME		TITLE	NAME	
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
Delete <input type="checkbox"/>	Delete <input type="checkbox"/>		Change <input type="checkbox"/>	Addition <input type="checkbox"/>	
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: <i>Gerry Gallicchio</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/10/04 941-925-0987 <small>Date Daytime Phone #</small>		

66406333



MOORE CR2E037 (11/03)