

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36894

Entity Name: THE CHURCH PLANTING CENTER, INC.

FILED
Jan 28, 2004
Secretary of State

Current Principal Place of Business:

16110 CASSIE PLACE NW
POULSBO, WA 98370 US

New Principal Place of Business:

Current Mailing Address:

16110 CASSIE PLACE NW
POULSBO, WA 98370 US

New Mailing Address:

FEI Number: 59-2992663

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEREZ, LYNWOOD C
1231 REFORMATION DRIVE, STE 105
OVIEDO, FL 32765 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: SD (X) Delete
Name: BROOKS, CECIL
Address: P.O. BOX 922787
City-St-Zip: NORCROSS, GA 300102787

Title: TD (X) Delete
Name: SINGLETON, ROBERT
Address: 109 FAWN CT BOX 823
City-St-Zip: ALTO, MN

Title: CD () Delete
Name: GYGER, TERRY,
Address: 30 EAST 37TH STREET, M-5
City-St-Zip: NEW YORK, NY 10016

Title: CD () Delete
Name: BLAND, JAMES
Address: 1700 N BROWN RD STE 101
City-St-Zip: LAWRENCEVILLE, GA 300438122

Title: PD () Delete
Name: THOMPSON, J ALLEN
Address: 16110 CASSIE PLACE NW
City-St-Zip: POULSBO, WA 98370

Title: D () Delete
Name: KOOISTRA, PAUL
Address: 1700 NORTH BROWN ROAD
City-St-Zip: LAWRENCEVILLE, GA 300438122

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: TD (X) Change () Addition
Name: THOMAS, JOHN F
Address: 4512 SHARON VALLEY COURT
City-St-Zip: DUNWOODY, GA 30038

Title: PSD (X) Change () Addition
Name: THOMPSON, J ALLEN
Address: 16110 CASSIE PLACE NW
City-St-Zip: POULSBO, WA 98370

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: J.ALLEN THOMPSON

PSD

01/28/2004

Electronic Signature of Signing Officer or Director

Date