2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005
Secretary of State

DOCUMENT# N38562

Entity Name: CHRISTIAN COALITION OF FLORIDA, INC.

Current Principal Place of Business:

160 W EVERGREEN AVE
SUITE 294
LONGWOOD, FL 32750 US

New Principal Place of Business:

160 W EVERGREEN AVE
SUITE 294
LONGWOOD, FL 327505271 US

Current Mailing Address:

PO BOX 520578
LONGWOOD, FL 32752 US

New Mailing Address:

FEI Number: 59-3070887 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STEPHENS, WILLIAM K
160 W EVERGREEN AVE.
STE. 294
ORLANDO, FL 32809 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: D ( ) Delete
Name: MOORE, CHRISTINE
Address: 160 W. EVERGREEN AVE. STE. 294
City-St-Zip: LONGWOOD, FL 332752

Title: D ( ) Delete
Name: MELOON, WALTER N
Address: 160 W. OVERGREEN
City-St-Zip: LONGWOOD, FL 32752

Title: C ( ) Delete
Name: NEAL, PAT MR.
Address: 160 W EVERGREEN, STE. 294
City-St-Zip: LONGWOOD, FL 32752

Title: DT ( ) Delete
Name: KUCK, PAUL MR.
Address: 160 W EVERGREEN, STE. 294
City-St-Zip: LONGWOOD, FL 32752

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: NEAL, PATRICK
Address: 160 W. EVERGREEN AVE. STE. 294
City-St-Zip: LONGWOOD, FL 32752

Title: D (X) Change ( ) Addition
Name: WINDEMULLER, EDWARD
Address: 160 W. EVERGREEN AVE STE. 294
City-St-Zip: LONGWOOD, FL 32752

Title: D (X) Change ( ) Addition
Name: MOORE, CHRISTINE
Address: 160 W EVERGREEN AVE, STE. 294
City-St-Zip: LONGWOOD, FL 32752

Title: D (X) Change ( ) Addition
Name: MELOON, WALTER
Address: 160 W EVERGREEN AVE, STE. 294
City-St-Zip: LONGWOOD, FL 32752

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: WILLIAM K STEPHENS E.D. 01/14/2005

Electronic Signature of Signing Officer or Director — Date