


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 21, 2004 08:00 AM
Secretary of State

DOCUMENT # N39094 1. Entity Name WHOLE LOAF CHRISTIAN CENTER, INC.	
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Principal Place of Business 2609 N CLEARLAKE RD COCOA, FL 32922	Mailing Address 2609 N CLEARLAKE RD COCOA, FL 32922
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DO NOT WRITE IN THIS SPACE



09142004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3193679	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**FADELY, ANTHONY B
2609 N CLEARLAKE RD
COCOA, FL 32922**

**DO NOT WRITE
IN THIS SPACE**

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 5, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FADELY, ANTHONY B 809 N. INDIAN RIVER DR. COCOA, FL 32922
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD COOPER, DAVID 2600 LYNWOOD PL MERRITT ISLAND, FL 32953
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FADELY, VERA 809 INDIAN RIVER DR COCOA, FL 32922
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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09/21/04-80003-007 70.00

**DO NOT WRITE
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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: Anthony B. Fadel _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: _____ Daytime Phone #: _____