2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2004
Secretary of State

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Entity Name: CORAL RIDGE BAPTIST CHURCH, SCHOOLS, UNIVERSITY, AND FREEDOM SEMINARY, INCORPORATED

Current Principal Place of Business:

2967 HUFFMAN BLVD
JACKSONVILLE, FL 32246 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 16502
JACKSONVILLE, FL 32245 US

New Mailing Address:

FEI Number: 59-2128653 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BURNSED, JEFF
9719 NIMITZ COURT NORTH
JACKSONVILLE, FL 32246 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:	PD	( ) Delete
Name:	BURNSED, JEFF D	
Address:	9719 NIMITZ CT., N.	
City-St-Zip:	JACKSONVILLE, FL	
Title:	VD	( ) Delete
Name:	FOX, ANTHONY D	
Address:	9755 JUPITER CT., N.	
City-St-Zip:	JACKSONVILLE, FL	
Title:	D	( ) Delete
Name:	BURNSED, JANE M	
Address:	9719 NIMITZ CT NORTH	
City-St-Zip:	JACKSONVILLE, FL	
Title:	D	( ) Delete
Name:	HANNAH, TOMMY	
Address:	9738 IVEY ROAD	
City-St-Zip:	JACKSONVILLE, FL 32246	
Title:	D	(X) Delete
Name:	MALEHORN, BILL	
Address:	4192 WHISPERING OAKS	
City-St-Zip:	JACKSONVILLE, FL 32211	
Title:	D	( ) Delete
Name:	BURNSED, TIFFANY J	
Address:	6406 HIMRTZ CT NORTH	
City-St-Zip:	JACKSONVILLE, FL 32246	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VD	(X) Change ( ) Addition
Name:	FOX, ANTHONY M	
Address:	9755 JUPITER CT., N.	
City-St-Zip:	JACKSONVILLE, FL	
Title:	O	(X) Change ( ) Addition
Name:	BURNSED, JANE M	
Address:	9719 NIMITZ CT NORTH	
City-St-Zip:	JACKSONVILLE, FL	
Title:	O	(X) Change ( ) Addition
Name:	HANNAH, TOMMY	
Address:	9738 IVEY ROAD	
City-St-Zip:	JACKSONVILLE, FL 32246	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	BURNSED, TIFFANY J	
Address:	9719 NIMITZ CT NORTH	
City-St-Zip:	JACKSONVILLE, FL 32246	

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: JEFF BURNSED PD 01/09/2004

Electronic Signature of Signing Officer or Director — Date