## 2004 NOT-FOR-PROFIT CORPORATION

## Apr 29, 2004 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # N93000002719 04-29-2004 90336 042 \*\*\*\*61.25 NATIONAL CONSERVATIVE CHRISTIAN CHURCH, INC. Mailing Address Principal Place of Business 14014259 3650 17TH ST 3650 17TH ST SARASOTA, FL 34235 SARASOTA, FL 34235 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04212004 Cha-NP CR2E037 (10/03) City & State City & State 4. FFI Number Applied For 65-0431171 Not Applicable Zip \$8.75 Additional Country Country 5. Certificate of Status Desired Fee Required == - 6. Name and Address of Current Registered Agent --=7. Name and Address of New Registered Agent Name STRUBLE, DONALD W Street Address (P.O. Box Number is Not Acceptable) 1910 ROLLING GREEN CIRCLE SARASOTA, FL 34240 City Zip Code 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 Signature, tybed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Filling Foe is \$61.25 \$5.00 May Be Make check payable to Trust Fund Contribution. Florida Department of State Due by May 1, 2004 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11 SD TITLE ☐ Delete TITLE ☐ Change ARNO, RICHARD G NAME NAME 888 BOULEVARD OF THE ARTS. SUITE 1404 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA, FL CITY-ST-ZIP VD TITLE Defete TITLE ARNO Chyllis J. BES Blvd. of the Arts, #1404 SMITH, PHYLLIS J NAME NAME STREET ADDRESS 3650 17TH ST STREET ADDRESS Szpasota, FL 34236 SARASOTA, FL 34235 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change .. Addition TITLE TITLE STRUBLE, DONALD W NAME NAME STREET ADDRESS 3650 17TH ST STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34235 CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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.

CITY-ST-7IP

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-71P

CITY-ST-ZIP

TITLE

NAME

TITLE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Delete

Change

Change

☐ Addition

☐ Addition

FILED