

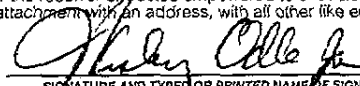


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 08:00 AM
Secretary of State

DOCUMENT # N93000005001 1. Entity Name ASSEMBLIES OF CHRIST INT'L., INC.																																																																																																																															
Principal Place of Business 1000 N MCKENZIE AVE PANAMA CITY, FL 32401			Mailing Address C/O WESLEY ODLE, JR. 1929 W. 24TH STREET PANAMA CITY, FL 32405 US																																																																																																																												
2. Principal Place of Business 1929 W. 24th St.		3. Mailing Address Suite, Apt. #, etc.																																																																																																																													
City & State PANAMA City, FL.		City & State Suite, Apt. #, etc.		4. FEI Number 59-3213308																																																																																																																											
Zip 32405		Country FLA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required																																																																																																																											
6. Name and Address of Current Registered Agent ODLE, WESLEY JR 1929 W. 24TH STREET PANAMA CITY, FL 32405				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>																																																																																																																											
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																															
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																																																																											
Make check payable to Florida Department of State																																																																																																																															
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 15%;">PD</td> <td style="width: 15%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>ODLE, WESLEY P</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1929 W. 24TH STREET</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PANAMA CITY, FL 32405</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VSD</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>ODLE, CARMA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1929 W. 24TH STREET</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PANAMA CITY, FL 32405</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>ODLE, WESLEY III</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3123 HIKES LANE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LOUISVILLE, KY 40220</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 15%;">NAME</td> <td style="width: 15%;">STREET ADDRESS</td> <td style="width: 15%;">CITY-ST-ZIP</td> <td style="width: 15%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	PD	<input type="checkbox"/> Delete	NAME	ODLE, WESLEY P		STREET ADDRESS	1929 W. 24TH STREET		CITY-ST-ZIP	PANAMA CITY, FL 32405		TITLE	VSD	<input type="checkbox"/> Delete	NAME	ODLE, CARMA		STREET ADDRESS	1929 W. 24TH STREET		CITY-ST-ZIP	PANAMA CITY, FL 32405		TITLE	D	<input type="checkbox"/> Delete	NAME	ODLE, WESLEY III		STREET ADDRESS	3123 HIKES LANE		CITY-ST-ZIP	LOUISVILLE, KY 40220		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																													
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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)(f), 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:  1-9-04 858-913-1929 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																															