


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 21, 2005 08:00 AM
Secretary of State**

DOCUMENT # N93000005001		
1. Entity Name ASSEMBLIES OF CHRIST INT'L., INC.		
Principal Place of Business 1929 W 24TH ST. PANAMA CITY, FL 32405	Mailing Address C/O WESLEY ODLE, JR. 1929 W. 24TH STREET PANAMA CITY, FL 32405 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent ODLE, WESLEY JR 1929 W. 24TH STREET PANAMA CITY, FL 32405		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> _____ DATE _____		
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ODLE, WESLEY P 1929 W. 24TH STREET PANAMA CITY, FL 32405	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD ODLE, CARMA 1929 W. 24TH STREET PANAMA CITY, FL 32405	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ODLE, WESLEY III 3123 HIKES LANE LOUISVILLE, KY 40220	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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: <u>Wesley Odle Jr.</u> <u>Wesley Odle, Jr.</u> <u>2-17-05</u> <u>850-913-1929</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



02172005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3213308	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

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02/21/05-80095-005 70.00

**DO NOT WRITE
IN THIS SPACE**