

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

FILED
Jun 22, 2004 8:00 am
Secretary of State

06-22-2004 90001 018 ****66.25

DOCUMENT # N94000001351

1. Entity Name
CHRISTIAN FOCUS CENTER CHURCH, INC.



Principal Place of Business
**5477 LIGHTHOUSE RD.
ORLANDO, FL 32808**

Mailing Address
**5477 LIGHTHOUSE ROAD
ORLANDO, FL 000 US**

54058383



DO NOT WRITE IN THIS SPACE

05172004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3231627

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CARSON, ALLYSON (AL) C
5477 LIGHTHOUSE RD.
ORLANDO, FL 32808**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee Is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution.



**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	ANDERSON, CHESTER L.
STREET ADDRESS	6662-HAWKSMOOR LANE
CITY-ST-ZIP	ORLANDO, FL
TITLE	T
NAME	CARSON, JOANN
STREET ADDRESS	5477 LIGHTHOUSE RD.
CITY-ST-ZIP	ORLANDO, FL
TITLE	T
NAME	QUINN-SHEPPARD, SHIRLEY
STREET ADDRESS	5222 N. 9 th ST #203 111 Valencia Dr.
CITY-ST-ZIP	ORLANDO, FL 32810 Maitland, FL 32751
TITLE	D
NAME	CARSON, ALLYSON (AL) C
STREET ADDRESS	5477 LIGHTHOUSE RD.
CITY-ST-ZIP	ORLANDO, FL 32808
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

May 17, 2004

CHRISTIAN FOCUS CENTER CHURCH, INC.
5477 LIGHTHOUSE ROAD
ORLANDO, FL US

SUBJECT: CHRISTIAN FOCUS CENTER CHURCH, INC.
Ref. Number: N94000001351

Upon receipt of your letter and/or check(s) totaling \$61.25, no document was found. Please send your document with any fees due to:

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.

Although you attempted to file your annual report form online, you did not successfully complete the process. Therefore, we are returning the enclosed check along with an annual report form for you to complete. Please return the completed form and check to this office for processing.

After the corrections have been made, please return the report to: Division of Corporations, Annual Report/Uniform Business Report Section, P.O. Box 6327, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Tina Roberts
Document Specialist

Letter Number: 204A00034546