2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003326

FILED Jan 14, 2005 Secretary of State

Entity Name: CHRISTIAN COALITION FOUNDATION OF FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business:

160 W EVERGREEN AVE 160 W EVERGREEN AVE

STE 294 STE 294

LONGWOOD, FL 32750 LONGWOOD, FL 327505271 US

Current Mailing Address: New Mailing Address:

P.O. BOX 520578 P.O. BOX 520578

LONGWOOD, FL 32752 LONGWOOD, FL 327520578 US

FEI Number: 59-3254488 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

STEPHENS, WILLIAM K 160 W. EVERGREEN, SUITE 294 LONGWOOD, FL 32752

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

DOWLESS, JOHN NELSON, VERN Name: Name: Address:

160 W EVERGREEN AVE STE 294 Address: 160 W EVERGREEN AVE STE 294

City-St-Zip: LONGWOOD, FL 32780 City-St-Zip: LONGWOOD, FL 32752

Title: () Delete Title: (X) Change () Addition KIEWICZ, JOHN O Name: Name: OSTALKIEWICZ, JOHN

Address: 160 W EVERGREEN AVE. STE 294 Address: 160 W EVERGREEN AVE. STE 294

City-St-Zip: LONGWOOD, FL 32752 City-St-Zip: LONGWOOD, FL 32752

Title: () Delete Title: (X) Change () Addition

MOORE, CHRISTINE Name: JAEB, LORENA Name: 160 W EVERGREEN AVE STE 294 160 W EVERGREEN AVE STE 294 Address:

Address: City-St-Zip: LONGWOOD, FL 32780 City-St-Zip: LONGWOOD, FL 32752

() Delete Title: Title: (X) Change () Addition KELLY, KEN Name: MELSON, WALTER N Name:

160 W. EVERGREEN AVE, STE 294 Address: 169 W. EVERGREEN AVE, STE 94 Address:

City-St-Zip: LONGWOOD, FL 32752 City-St-Zip: LONGWOOD, FL 32752

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: WILLIAM K. STEPHENS E.D. 01/14/2005