


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90020 041 ****70.00

DOCUMENT # N94000004514

1. Entity Name
"THE CHURCH WITHOUT WALLS, INC."



Principal Place of Business Mailing Address
13 N.E. 36TH AVENUE 13 N.E. 36TH AVENUE
OCALA FL 34470 Ocala FL 34470

J4004360



MOORE CR2E037 (11/03)

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number Applied For
59-3262320 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

BULLOCK, JAMES R JR.
13 N.E. 36TH AVENUE
OCALA FL 34470

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	GARY, FAYE	
STREET ADDRESS	5710 SOUTH MAGNOLIA AVENUE	
CITY-ST-ZIP	OCALA FL 34481	
TITLE	D	<input type="checkbox"/> Delete
NAME	BULLOCK, JR., JAMES R REV.	
STREET ADDRESS	13 N.E. 36TH AVENUE	
CITY-ST-ZIP	OCALA FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	JUERGENS, RUSTY	
STREET ADDRESS	1401 SW 23RD PL.	
CITY-ST-ZIP	OCALA FL 34474	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SHIRLEY HANKINSON	
STREET ADDRESS	3334 SE 4TH ST	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	SD	<input type="checkbox"/> Delete
NAME	RITTER, SHIRLEY	
STREET ADDRESS	728 SE FT KING ST	
CITY-ST-ZIP	OCALA FL 34478	
TITLE	D	<input type="checkbox"/> Delete
NAME	BREWSTER, CATHERINE	
STREET ADDRESS	3903 NE 21ST LN.	
CITY-ST-ZIP	OCALA FL 34470	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	George W. Morgan, Sr.	
STREET ADDRESS	545-A Midway Dr	
CITY-ST-ZIP	Ocala FL 34472	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Shirley M. Hankinson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/04 (352)694-3647
Date Daytime Phone #