

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90201 016 \*\*\*\*70.00

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|  |                                 |   |   |  |  |
|--|---------------------------------|---|---|--|--|
| <b>DOCUMENT # N95000000316</b><br>1. Entity Name<br><b>BURNHAM CHRISTIAN CHURCH, INC.</b>  |                                 |   |   |  |  |
| Principal Place of Business<br>4520 NW CR 146<br>JENNINGS, FL 32053  |                                 |   | Mailing Address<br>4520 NW CR 146<br>JENNINGS, FL 32053                       |  |  |
| 2. Principal Place of Business   |                                 | 3. Mailing Address  |   |  |  |
| Suite, Apt. #, etc.  |                                 | Suite, Apt. #, etc.   |   |  |  |
| City & State   |                                 | City & State  |   |  |  |
| Zip  | Country                         | Zip   | Country   | 4. FEI Number<br><b>59-1803977</b>   |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>   |                                 |   |   | Applied For<br><input type="checkbox"/> Not Applicable   |  |
| 6. Name and Address of Current Registered Agent  |                                 |   |   | 7. Name and Address of New Registered Agent  |  |
| BURNAM, R. LAVON CPA<br>1514 NIRA ST.<br>JACKSONVILLE, FL 32207  |                                 |   |   | Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>  |                                 |   |   |  |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2005</b>  |                                 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be</b><br><b>Added to Fees</b>   |  |
| Make check payable to<br><b>Florida Department of State</b>  |                                 |   |   |  |  |
| 10. OFFICERS AND DIRECTORS   |                                 |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                         |  |  |
| TITLE  | T                               | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME   | GOODIN, LOUIE                   |   | NAME  |  |  |
| STREET ADDRESS   | 2926 NW 49TH AVE                |   | STREET ADDRESS  |  |  |
| CITY-ST-ZIP  | JENNINGS, FL 32053              |   | CITY-ST-ZIP   |  |  |
| TITLE  | D                               | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME   | JOHNSON, CURTIS                 |   | NAME  |  |  |
| STREET ADDRESS   | 4336 NW CR 143                  |   | STREET ADDRESS  |  |  |
| CITY-ST-ZIP  | JENNINGS, FL 32053              |   | CITY-ST-ZIP   |  |  |
| TITLE  | D                               | <input checked="" type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |  |
| NAME   | BURNAM, DON                     |   | NAME  | CD Ronny Morgan  |  |
| STREET ADDRESS   | 1743 NW CR 141                  |   | STREET ADDRESS  | 4984 NW CR 146   |  |
| CITY-ST-ZIP  | JENNINGS, FL 32053              |   | CITY-ST-ZIP   | Jennings, FL 32053   |  |
| TITLE  | CD                              | <input type="checkbox"/> Delete   | TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| NAME   | DEAS, DAMON                     |   | NAME  | Deas, Damon  |  |
| STREET ADDRESS   | 5060 NW 20TH BLVD.              |   | STREET ADDRESS  | 5060 NW 20th Blvd.   |  |
| CITY-ST-ZIP  | JENNINGS, FL 32053              |   | CITY-ST-ZIP   | Jennings, FL 32053   |  |
| TITLE  | S                               | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME   | ALLEN, SYBIL                    |   | NAME  |  |  |
| STREET ADDRESS   | 4216 NW CR 143                  |   | STREET ADDRESS  |  |  |
| CITY-ST-ZIP  | JENNINGS, FL 32053              |   | CITY-ST-ZIP   |  |  |
| TITLE  | <input type="checkbox"/> Delete |   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME   |                                 |   | NAME  |  |  |
| STREET ADDRESS   |                                 |   | STREET ADDRESS  |  |  |
| CITY-ST-ZIP  |                                 |   | 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. |                                 |   |   |  |  |
| <b>SIGNATURE:</b> <i>[Signature]</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |                                 |   | Louie Goodin<br>Date: 4/27/05 (386)938-1265<br><small>Daytime Phone #</small> |  |  |