


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 10, 2005 8:00 am**  
**Secretary of State**

02-10-2005 90060 036 \*\*\*\*61.25

<b>DOCUMENT # N95000001181</b>					
<b>1. Entity Name</b> KEY LARGO CHRISTIAN CENTER OF HIBISCUS PARK, INC.					
<b>Principal Place of Business</b> HIBISCUS LANE # 6 KEY LARGO, FL 33037			<b>Mailing Address</b> P.O. BOX 3218 KEY LARGO, FL 33037		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 65-0569640	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
OVERFIELD, RICHARD L 137 SAN MARLO DR. ISLAMORADA, FL 33036			Name <u>Eddie Thomas Sr.</u> Street Address (P.O. Box Number is Not Acceptable) <u>268 King Ave</u> City <u>Key Largo</u> <u>FL</u> Zip Code <u>33037</u>		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$81.25 Due by May 1, 2005</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> CD	<b>NAME</b> PRATT, RALPH		<b>TITLE</b>	<b>NAME</b>	
<b>STREET ADDRESS</b> 7 BURLINGTON STREET	<b>CITY-ST-ZIP</b> KEY LARGO, FL 33037		<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b> SD	<b>NAME</b> THOMAS, EDDIE SR		<b>TITLE</b>	<b>NAME</b>	
<b>STREET ADDRESS</b> 268 KING AVE.	<b>CITY-ST-ZIP</b> KEY LARGO, FL 33037		<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b> D	<b>NAME</b> GRAVES, ASTOR		<b>TITLE</b>	<b>NAME</b>	
<b>STREET ADDRESS</b> 8 HIBISCUS LANE	<b>CITY-ST-ZIP</b> KEY LARGO, FL 33037		<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>NAME</b>		<b>TITLE</b>	<b>NAME</b>	
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>		<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>NAME</b>		<b>TITLE</b>	<b>NAME</b>	
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>		<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>NAME</b>		<b>TITLE</b>	<b>NAME</b>	
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>		<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	

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**4. FEI Number**  
65-0569640

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

<b>7. Name and Address of New Registered Agent</b>	
Name <u>Eddie Thomas Sr.</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>268 King Ave</u>	
City <u>Key Largo</u>	Zip Code <u>33037</u>

**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 \$81.25  
Due by May 1, 2005**

**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

<b>TITLE</b> CD	<b>NAME</b> PRATT, RALPH	<input type="checkbox"/> Delete
<b>STREET ADDRESS</b> 7 BURLINGTON STREET	<b>CITY-ST-ZIP</b> KEY LARGO, FL 33037	
<b>TITLE</b> SD	<b>NAME</b> THOMAS, EDDIE SR	<input type="checkbox"/> Delete
<b>STREET ADDRESS</b> 268 KING AVE.	<b>CITY-ST-ZIP</b> KEY LARGO, FL 33037	
<b>TITLE</b> D	<b>NAME</b> GRAVES, ASTOR	<input type="checkbox"/> Delete
<b>STREET ADDRESS</b> 8 HIBISCUS LANE	<b>CITY-ST-ZIP</b> KEY LARGO, FL 33037	
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Delete
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Delete
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	

**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:**

Eddie Thomas Sr.  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/07/2005 (305) 4530690  
 Date Daytime Phone #