

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

DOCUMENT# N95000002329

**FILED**  
**May 01, 2004**  
**Secretary of State****Entity Name:** CHRIST AID, INC.**Current Principal Place of Business:**4150 MT STERLING  
TITUSVILLE, FL 32780 US**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 854  
MIMS, FL 32754**New Mailing Address:****FEI Number:** 59-3353310**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**BRADLEY, FRANCIS M  
427 TIMBERLAKE DRIVE  
MELBOURNE, FL 32940 US**Name and Address of New Registered Agent:**

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:****Title:** DC ( ) Delete  
**Name:** CHAMBERLAIN, JEFF  
**Address:** 4150 MT STERLING  
**City-St-Zip:** TITUSVILLE, FL**Title:** VD ( ) Delete  
**Name:** CHAMBERLAIN, JOYCE  
**Address:** 4150 MT STERLING  
**City-St-Zip:** TITUSVILLE, FL**Title:** S ( ) Delete  
**Name:** BOGAN, LINDA  
**Address:** 4030 MT VERNON AVE  
**City-St-Zip:** TITUSVILLE, FL 32780**Title:** D ( ) Delete  
**Name:** BIRTLEY, DAVID  
**Address:** 4025 COQUINA AVE  
**City-St-Zip:** TITUSVILLE, FL 32780**Title:** D ( ) Delete  
**Name:** MESSINA, JOHN  
**Address:** 2585 KEISER COURT  
**City-St-Zip:** TITUSVILLE, FL 32780**Title:** D (X) Delete  
**Name:** TRIPP, DARIUS  
**Address:** 2701 RIVIERA DR  
**City-St-Zip:** TITUSVILLE, FL 32780**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** DC (X) Change ( ) Addition  
**Name:** CHAMBERLAIN, JEFF  
**Address:** 4150 MT STERLING  
**City-St-Zip:** TITUSVILLE, FL 32780**Title:** VD (X) Change ( ) Addition  
**Name:** CHAMBERLAIN, JOYCE  
**Address:** 4150 MT STERLING  
**City-St-Zip:** TITUSVILLE, FL 32780**Title:** D (X) Change ( ) Addition  
**Name:** BERNIER, SANDY  
**Address:** 565 SHADOW WOOD LANE #331  
**City-St-Zip:** TITUSVILLE, FL 32781**Title:** D (X) Change ( ) Addition  
**Name:** MILLSAP, TOM  
**Address:** P.O. BOX 6687  
**City-St-Zip:** TITUSVILLE, FL 32782**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

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: JOYCE CHAMBERLAIN

VD

05/01/2004

Electronic Signature of Signing Officer or Director

Date