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

## Apr 16, 2004 8:00 am Secretary of State 3 DOCUMENT # N95000003234 1. Entity Name 03-29-2004 90407 011 \*\*\*\*61.25 10TH STREET CHURCH OF CHRIST AT 157 W. 10TH STREET, APOPKA, FLORIDA INCORPORATED Principal Place of Business Mailing Address 157 W. 10TH STREET APOPKA FL 32703 157 W. 10TH STREET APOPKA FL 32703 66412270 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State 4. FEI Number Applied For 59-3396270 Not Applicable Zip 7in Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent NATITAN E JANKIN JenKin. HOWARD, MAXWELI Stree 157 W 107H STREET APOPKA FL 32703 1-57 W 10th 57 Apopla 71 32703 Zip Code 32703 City 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 primed name of registered agent and little it applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2004 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TIFLE ☐ Delete MLE Change NATHAN E JENKING SA JENKINS, NATHAN SR. NAME NAME 1518 N SIMPSON ST Addres CAM 2426 ROCKWOOD DRIVE STREET ADDRESS STREET ADDRESS APOPKA FL MT DONA 3275 CITY-ST-ZIP CITY-ST-ZIP Delete RILE TITLE ☐ Change ☐ Addition HOWARD, MAXWELL BRO NAME NAME 154 W. TOHLS STREET ADDRESS STREET ADDRESS APOPICA FL 32703 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete GREGORY, WILFRED BRO NAME NAME STREET ADDRESS 154 W. 10TH ST. STREET ADDRESS APOPKA FL 32703 CITY-ST-ZIP CITY-ST-ZIP Deleta TITLE ☐ Change ☐ Addition ARMSTRON, ADOLPH NAME NAME ARMSTROM ADOLPH 1520 S. HIGHLAND AVENUE TD. STREET ADDRESS STREET ACCRESS S. HIGHLANDAV NOW APOPKA FL 32703 CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change Addition ☐ Delete NAME MAME STREET ADDRESS STREET ADDRESS CHY-ST-7P 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 the my signature shall have the same legal effect as it 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 SIGNATURE:

AE OF SIGNING OFFICER OR DIRECTOR

FILED