2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N95000003351



FILED Apr 15, 2004 8:00 am Secretary of State

1. Entity Name CHURCH		RIST IN INVERNE	SS, INC					04-15-200	4 90017 (006 ****6	51.25
Principal Place of Business 3875 S. PLEASANT GROVE RD. INVERNESS, FL 34452			Mailing Address 3875 S. PLEASANT GROVE RD. INVERNESS, FL 34452			۵	DARATAZA				
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2. Principal Place of Business			3. Mailing Address					11 MILL) MAISI ABSIA KA	ili uhili ebiad 141	IEO IMBE DILOI ILO	iiri si irdi
Suite, Apt. #, etc.			Suite, Apt. #, etc.				04122004 Chg-NP CR2E037 (10/03)				
City & State			City & State			4. FEI Number 31-1548615				plied For t Applicable	
Zip	Country		Zip Cou		ountry	5. Certificate of Status Desired [\$8.75 Add Fee Required	
	6. Name	and Address of Curren	t Registered Agent	<u> </u>			7. Name and Ad		Registered #	\gent	
CAMPBEL	L. JAY	-			Name ()		AVID			
3875 S. PLEASANT GROVE ROAD INVERNESS, FL 34452				*,	Street Ad	eet Address (P.O. Box Number is Not Acceptable) 842 Pritchard Island Rd.					
			•"		City I	ove	rness		FL	Zip Cod	450
the obligat	named entititions of regist	ty submits this statement tered agent.	for the purpose of ch	anging its registe				n the State of Fl	orida. I am 1	familiar with,	7
SIGNATURE .	Signature, typed	d or printed name of registered age	nt and title if applicable.	(NOTE: Registe	red Agent signature	e required	when reinstating)		DATE	<i>U7</i>	
	_	ee is \$61.25 Way 1, 2004		ection Campaign ust Fund Contribu]	\$5.00 May Be Added to Fees	1		c payable to	
10.	Due by N	and the second s	Tro		ution. E			Flo	rida Depar	tment of S	10
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	PD FEESER,	May 1, 2004	DIRECTORS	ust Fund Contribu	ution E		Added to Fees	Flo	rida Depar	RECTORS IN	10
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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 cath; 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 atrachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR