## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N95000003351

FILED Jan 14, 2005 Secretary of State

Entity Name: CHURCH OF CHRIST IN INVERNESS, INC

Current Principal Place of Business: New Principal Place of Business:

3875 S. PLEASANT GROVE RD. INVERNESS, FL 34452

Current Mailing Address: New Mailing Address:

3875 S. PLEASANT GROVE RD. INVERNESS, FL 34452

FEI Number: 31-1548615 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CLARK, DAVID

842 PRITCHARD ISLAND RD.

INVERNESS, FL 34450 US

CLARK, DAVID

3107 S. FRANKLIN TERRACE

INVERNESS, FL 34450 US

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: 01/14/2005

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD ( ) Delete Title: PD (X) Change ( ) Addition

Name: FEESER, MICHAEL Name: FEESER, MICHAEL

Address: 9690 EAST SILVER OAKS TRAIL Address: 9280 EAST SILVER OAKS TRAIL

City-St-Zip: INVERNESS, FL 34450 City-St-Zip: INVERNESS, FL 34450

Title: VD ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 COLEMAN, SAMUEL W
 Name:

 Address:
 4676 E. VIEWTOP LANE
 Address:

 City-St-Zip:
 INVERNESS, FL 34452
 City-St-Zip:

Name: CLARK, DAVID Name: CLARK, DAVID

Address: 842 PRITCHARD ISLAND RD Address: 3107 S. FRANKLIN TERRACE City-St-Zip: INVERNESS, FL 34450 City-St-Zip: INVERNESS, FL 34450

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: MICHAEL FEESER PD 01/14/2005