


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N96000000421</b> 1. Entity Name CRESTVIEW MENNONITE CHURCH, INC.	
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Principal Place of Business 385 EAST COBB AVENUE CRESTVIEW, FL 32539	Mailing Address 385 EAST COBB AVENUE CRESTVIEW, FL 32539
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**DO NOT WRITE IN THIS SPACE**




04102005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3089017	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  MARTIN, MICHAEL A 385 EAST COBB AVENUE CRESTVIEW, FL 32539
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**DO NOT WRITE IN THIS SPACE**

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  <u>Michael A. Martin</u>	DATE <u>4/10/05</u>
<small>(NOTE: Registered Agent signature required when reinstating)</small>	

<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>
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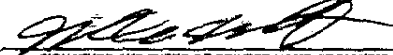
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be</b> <b>Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MARTIN, BENJAMIN F JR 1014 S FERDON CRESTVIEW, FL 32536
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARTIN, MICHAEL A 6144 JOHN NIX RD CRESTVIEW, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BUSBEE, JUNE 210 E FIRST ST CRESTVIEW, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000300281  
04/12/05-80008-024 61.25

**DO NOT WRITE IN THIS SPACE**

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 817, 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.	
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SIGNATURE:  <u>Michael A. Martin</u>	Date <u>4/10/05</u>	Daytime Phone # <u>(850) 215-9007</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		