

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

DOCUMENT# N96000003407

**FILED**  
**Apr 25, 2004**  
**Secretary of State****Entity Name:** CHRISTIAN FAMILY CHURCH, INC.**Current Principal Place of Business:**14920 TRITON TERRACE  
HUDSON, FL 34667**New Principal Place of Business:****Current Mailing Address:**14920 TRITON TERRACE  
HUDSON, FL 34667**New Mailing Address:****FEI Number:** 59-3391620**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**PERKINS, NANCY M  
14920 TRITON TERRACE  
HUDSON, FL 34667 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:** PD ( ) Delete  
**Name:** PERKINS, MAURICE L  
**Address:** 14920 TRITON TERRACE  
**City-St-Zip:** HUDSON, FL 34667**Title:** VD ( ) Delete  
**Name:** DEMIK, DONALD  
**Address:** 8520 SUMMER DRIVE, VIVA VILLA  
**City-St-Zip:** HUDSON, FL 34667**Title:** STD ( ) Delete  
**Name:** PERKINS, NANCY M  
**Address:** 14920 TRITON TERRACE  
**City-St-Zip:** HUDSON, FL 34667**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****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: MAURICE L. PERKINS

PD

04/25/2004

Electronic Signature of Signing Officer or Director

Date