


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

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90060 020 \*\*\*\*62.00

<b>DOCUMENT # N96000003843</b>		
1. Entity Name <u>SAME</u> <b>THE FAMILY CHURCH OF FROSTPROOF, INC.</b>		

Principal Place of Business <u>SAME</u> 1001 SOUTH CLINCH LAKE BLVD. FROSTPROOF FL 33843	Mailing Address P.O. BOX 777 <u>SAME</u> FROSTPROOF FL 33843
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2. Principal Place of Business <u>The Family Church of Frostproof, Inc</u> Suite, Apt. #, etc.	3. Mailing Address <u>P.O. Box 777</u> <u>1001 Clinch Lake Blvd</u> Suite, Apt. #, etc.
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City & State <u>Frostproof FL</u>	City & State
Zip <u>33843</u>	Country <u>POIK</u>



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent <u>BONNER, JAMES A</u> <u>770 FIR AVE</u> <u>FROSTPROOF FL 33843</u>	
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7. Name and Address of New Registered Agent Name <u>SAME</u> Street Address (P.O. Box Number is Not Acceptable) City <u>FL</u> Zip Code	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BONNER, JAMES A 770 FIR AVE FROSTPROOF FL 33843 <u>SAME</u> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DERSTINE, PHILLIP 1200 GLORY WAY BLVD BRADENTON FL <u>SAME</u> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ALLEBACH JR, ROY 2400 FEATHSOUND DR CLEARWATER FL 33762 <u>SAME</u> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, 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.

**SIGNATURE:** Jason J. Bonner (President) 2/15/04 863-635-1875  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #