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

## Feb 10, 2004 8:00 am **Secretary of State** DOCUMENT # N96000004406 1. Entity Name 02-10-2004 90017 035 \*\*\*\*70.00 CHRIST THE KING C.E.C. INC. Principal Place of Business Mailing Address 2105 PALM BAX-RD. 2105 PÁLM BAY RD., N.E. 3. Mailing Address Principal Place of Business 2323 MOORE CR2E037 (11/03) City & State 4. FEI Number Applied For 59-3390624 Nel Dourne Not Applicable \$8.75 Additional 5. Certificate of Status Desired USA Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent <u>Name</u> INGRAM, ROSCOE D Street Address (P.O. Box Number is Not Acceptable) 2323 APACHE DR MELBOURNE FL 32935 Zip Code FL 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 egistered agent. SIGNATURE -Signature, typed or printed name of registered agent and title il applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be $\Box$ Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delete TITLE ☐ Change ■ Addition INGRAM, ROSCOE D. NAME NAME 2323 APACHE DRIVE STREET ADDRESS STREET ADDRESS MELBOURNE FL CITY-ST-ZIP CITY-ST-ZIP DT TITLE Delete TITLE ☐ Change ☐ Addition KIPPENY, LENORA NAME NAME 3360 TURTLEMOUND ROAD STREET ADDRESS STREET ADDRESS MELBOURNE FL 32934 CITY-ST-ZIP CITY-ST-7IP TITLE TITLE ☐ Addition ☐ Delete INGRAM, SERAMAE NAME NAME Daramae 2323 APACHE DRIVE STREET ADDRESS STREET ADDRESS MELBOURNE FL 32935 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-7iP CITY-ST-ZIP TITLE □ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-7IP CITY-ST-ZIP

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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. 2/4/04/ 321-254-2204 SIGNATURE: