

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 07, 2005
Secretary of State**

DOCUMENT# N96000004706

Entity Name: COMMUNITY BIBLE CHAPEL, INC. OF POLK COUNTY

Current Principal Place of Business:

5410 W LK WALES ALTURAS RD
ALTURAS, FL 33820 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 405
ALTURAS, FL 33820 US

New Mailing Address:

FEI Number: 59-3662859 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRODGE, FRANCES
5410 W LK WALES ALTURAS RD
ALTURAS, FL 33820 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: SD () Delete
Name: FRODGE, FRANCES
Address: 5410 W LAKES WALES/ ALTURAS RD
City-St-Zip: ALTURAS, FL 33820

Title: D () Delete
Name: STRICKLEN, MARY
Address: 1642 W LK WALES ALTURAS RD
City-St-Zip: ALTURAS, FL 33820

Title: D () Delete
Name: DISCHER, EDWARD
Address: 230 W LK WALES/ALTURAS RD
City-St-Zip: ALTURAS, FL 33820

Title: D () Delete
Name: DISCHER, ANNA
Address: 230 W LK WALES/ALTURAS RD
City-St-Zip: ALTURAS, FL 33820

Title: P () Delete
Name: FRODGE, DAN
Address: 5410 W. LK WALES ALTURAS RD
City-St-Zip: ALTURAS, FL 33820

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: STRICKLEN, MARY
Address: 1670 ESTES RD.
City-St-Zip: ALTURAS, FL 33820

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: FRANCES FRODGE

SD

01/07/2005

Electronic Signature of Signing Officer or Director

_____ Date