
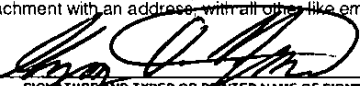


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90133 042 \*\*\*\*61.25

<b>DOCUMENT # N96000005002</b> 1. Entity Name <b>THE CHURCH OF CHRIST AT BEVERLY SHORES, INC.</b>					
Principal Place of Business <b>1318 WEST GRIFFIN ROAD LEESBURG FL 34748</b>		Mailing Address <b>1318 WEST GRIFFIN ROAD LEESBURG FL 34748</b>			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-1996589</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent  <b>DILLINGER, AUSTIN C JR. 7206 PALM AVENUE LEESBURG FL 34788</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code         </span>				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</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 Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>YOPP, JAMES D</b> <b>35225 QUEENS WAY</b> <b>FRUITLAND PARK FL 34731</b> <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>BRYANT, GREGORY O.</b> <b>2024 ELMHURST LANE</b> <b>MASCOTTE, FL 34753</b> <div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition         </div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HUBBELL, LELAND</b> <b>800 MAPLE AVENUE</b> <b>FRUITLAND PARK FL 34731</b> <div style="text-align: right;"><input checked="" type="checkbox"/> Delete         </div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>DILLINGER, AUSTIN C JR.</b> <b>7206 PALM AVENUE</b> <b>LEESBURG FL 34788</b> <div style="text-align: right;"><input type="checkbox"/> Delete         </div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TODD, PATRICK</b> <b>5209 ALBERT RD.</b> <b>FRUITLAND PARK, FL 34731</b> <div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition         </div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FRANKLIN, JAMES</b> <b>5141 MAGNOLIA RIDGE ROAD</b> <b>FRUITLAND PARK, FL 34731</b> <div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition         </div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>IRWIN, ALAN</b> <b>36765 SHADOW HILL DR</b> <b>FRUITLAND PARK FL 34731</b> <div style="text-align: right;"><input type="checkbox"/> Delete         </div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="height: 40px;"></div> <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition         </div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="height: 40px;"></div> <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition         </div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PE</b> <b>CLARK, GEORGE J SR.</b> <b>1021 MELLATHON CIRCLE</b> <b>LEESBURG FL 34748</b> <div style="text-align: right;"><input type="checkbox"/> Delete         </div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="height: 40px;"></div> <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition         </div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="height: 40px;"></div> <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition         </div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DAVIS, LARRY</b> <b>10473 S.E. 179TH ST.</b> <b>SUMMERFIELD FL 34491</b> <div style="text-align: right;"><input checked="" type="checkbox"/> Delete         </div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="height: 40px;"></div> <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition         </div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="height: 40px;"></div> <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition         </div>
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.					
<b>SIGNATURE:</b>  <b>GREGORY O. BRYANT</b> <b>4/17/05</b> <b>407-245-8149</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					