2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001809

City-St-Zip:

JUPITER, FL 33478

Entity Name: CHURCH IN THE FARMS INC

FILED Mar 31, 2005 Secretary of State

Littly Nai	ille. CHORCI	TIN THE FARING INC.			
Current Principal Place of Business:			New Principal Place of Business:		
13475 W. I JUPITER,	INDIANTOWN FL 33478	IRD JS			
Current Mailing Address:			New Mailing Address:		
13475 W. I JUPITER,	INDIANTOWN FL 33478	IRD JS			
FEI Number	: 65-0832599	FEI Number Applied For ()	FEI Number Not Appl	licable () Certificate of Status Desired ()	
Name and	Address of (Current Registered Agent:	Name and	Address of New Registered Agent:	
ALLISON, 13475 W II JUPITER,	NDIANTOWN	RD JS			
The above in the State	named entity e of Florida.	submits this statement for the	purpose of changing i	its registered office or registered agent, or both	
SIGNATUR	RE:				
	Electro	nic Signature of Registered A	gent	Date	
OFFICERS	S AND DIREC	TORS:	ADDITION	NS/CHANGES TO OFFICERS AND DIRECTO	
Title: Name: Address: City-St-Zip:	CORNELIUS, \	DRIVE, NORTH	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	STD (BARNES, DON 13393 -154TH JUPITER, FL	PL N.	Title: Name: Address: City-St-Zip:	PD (X) Change () Addition BARNES, DONALD 13393 -154TH PL N. JUPITER, FL 33478	
Title: Name: Address: City-St-Zip:	PD (HEWETT, FRE 17625 126 TEI JUPITER, FL	RR. NORTH	Title: Name: Address: City-St-Zip:	STD (X) Change () Addition NELSON, LARRY R 14102 MICOSUKEE TRL PALM BEACH GARDENS, FL 33418	
Title: Name: Address:	TR (ALLISON, DAV 17761 - 122NE		Title: Name: Address:	() Change () Addition	

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.

City-St-Zip:

SIGNATURE: DAVID ALLISON TR 03/31/2005