2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2004
Secretary of State

DOCUMENT# N97000005394

Entity Name: CHARLOTTE CHRISTIAN ATHLETIC ASSOCIATION, INC.

Current Principal Place of Business:

4121 ROSE ARBOR CIRCLE
PORT CHARLOTTE, FL 33948 US

New Principal Place of Business:

Current Mailing Address:

4121 ROSE ARBOR CIRCLE
PORT CHARLOTTE, FL 33948 US

New Mailing Address:

FEI Number: 57-1064146 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OAKS, DAVID K ESQ
252 WEST MARION AVENUE
PUNTA GORDA, FL 33950 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:	D	( ) Delete
Name:	BARNETT, ANGELA	
Address:	1219 SLASH PINE CIRCLE, APT #122	
City-St-Zip:	PUNTA GORDA, FL 33950	
Title:	D	( ) Delete
Name:	REINECK, GABRIELLE	
Address:	244 FERDON CIRCLE	
City-St-Zip:	PORT CHARLOTTE, FL 33954	
Title:	VS	( ) Delete
Name:	ZARIFIS, JASON	
Address:	10438 DEERWOOD ST	
City-St-Zip:	ENGLEWOOD, FL 34224	
Title:	P	( ) Delete
Name:	REHFELDT, MICHAEL A	
Address:	4121 ROSE ARBOR CIRCLE	
City-St-Zip:	PORT CHARLOTTE, FL 33948	
Title:	T	( ) Delete
Name:	SANDERS, KIM	
Address:	2911 CARIBBEAN DR.	
City-St-Zip:	PUNTA GORDA, FL 33982	
Title:	D	( ) Delete
Name:	ROSE, DWIGHT	
Address:	2095 HANBY STREET	
City-St-Zip:	PORT CHARLOTTE, FL 33952	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VS	(X) Change ( ) Addition
Name:	REINECK, GABRIELLE	
Address:	244 FERDON CIRCLE	
City-St-Zip:	PORT CHARLOTTE, FL 33954	
Title:	D	(X) Change ( ) Addition
Name:	RZAD, RICK	
Address:	PO BOX 380844	
City-St-Zip:	MURDOCK, FL 33938	
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: MICHAEL REHFELDT P 01/10/2004

Electronic Signature of Signing Officer or Director — Date