

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006300

FILED
Apr 13, 2005
Secretary of State

Entity Name: CHRIST AT THE SEA FOUNDATION, INC.

Current Principal Place of Business:

13280 4TH STREET, E.
SUITE 2
MADEIRA BEACH, FL 33708

New Principal Place of Business:

Current Mailing Address:

13280 4TH STREET, E.
SUITE 2
MADEIRA BEACH, FL 33708

New Mailing Address:

FEI Number: 59-3463952

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEWTON, FR. CASSIAN
13280 4TH STREET, E.
SUITE 2
MADEIRA BEACH, FL 33708 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: CD () Delete
Name: NEWTON, CASSIAN FR
Address: 13280 4TH STREET EAST
City-St-Zip: MADEIRA BEACH, FL 33708

Title: VCD () Delete
Name: SOREN, MICHAEL FR
Address: 115 17TH ST
City-St-Zip: BELLEAIR BEACH, FL 33786

Title: SD () Delete
Name: NEWTON, RUTH ANN
Address: 13253 BOCA CIRGA AVE
City-St-Zip: MADIERA BEACH, FL 33708

Title: TD () Delete
Name: MOSS, ROBERT
Address: 13292 113TH AVE N
City-St-Zip: LARGO, FL 33774

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VCD (X) Change () Addition
Name: ALEXANDER, ALEXANDER P
Address: 14333 86TH AVE N.
City-St-Zip: SEMINOLE, FL 33776

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

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

Title: D () Change (X) Addition
Name: CRAFA, STAVRULA
Address: 8106 COACHLIGHT CIRCLE
City-St-Zip: SEMINOLE, FL 33776

Title: D () Change (X) Addition
Name: DRIS, MILTON
Address: 13280 4TH STREET EAST; APT. 4
City-St-Zip: MADEIRA BEACH, FL 33708

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: FATHER CASSIAN NEWTON

CD

04/13/2005

Electronic Signature of Signing Officer or Director

Date