## 2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Apr 12, 2004 8:00 am Secretary of State DOCUMENT # N9700006452 1. Entity Name 04-12-2004 90639 049 \*\*\*\*61.25 BRIDE OF CHRIST FAITH FELLOWSHIP TABERNACLE, INC. Principal Place of Business Mailing Address 450932 OLD DIXIE HWY 450932 OLD DIXIE HWY CALLAHAN FL 32011 CALLAHAN FL 32011 2. Principal Place of Business 3. Mailing Address 450931 Old Dixie HWG Suite, Apt. #, etc. MOORE CR2E037 (11/03) Callahav City & State City & State 4. FEI Number Applied For 59-3472772 32011 Not Applicable Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent والماريان السيابيسيافة الساد VICKERS, RICHARD A 3444 VIKKI ROAD Street Address (P.O. Box Number is Not Acceptable) CALLAHAN FL 32011 City Zip Code 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 -Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2004 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE Delete TITLE Change Addition VICKERS, RICHARD A NAME 3444 VIKKI ROAD STREET ADDRESS STREET ADDRESS CALLAHAN FL 32011 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition VICKERS, SANDRA E NAME 3444 VIKKI ROAD STREET ADDRESS STREET ADDRESS CALLAHAN FL 32011 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition WARRENSELTZ, COURTNEY. ..... NAME: 2498 MARLEE ROAD STREET ADDRESS STREET ADDRESS CALLAHAN FL 32011 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP C!TY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

**FILED** 

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. SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: 4

CITY-ST-ZIP

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The address Sor

PD Richard A Vickers

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Cullahan Fl

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D Sandra E Vichers
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