2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N98000000848

1. Entity Name

FRIENDS OF THE CHURCHES OF CHRIST, INC.

Principal Place of Business

1511 EAST ORANGE AVENUE EUSTIS, FL 32726 Mailing Address

1511 EAST ORANGE AVENUE EUSTIS, FL 32726

Mar 10, 2004 08:00 AM Secretary of State

FILED



DO NOT WRITE IN THIS SPACE

03032004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3606146 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COLE, JACK 21209 WOLF BRANCH RD. MOUNT DORA, FL 32757

SIGNATURE:

DO NOT WRITE IN THIS SPACE

			IN THIS SPACE		
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 fille if explicableQNOTE_Registered Agent signature required when reinstating) DATE					
	Filing Fee is \$61.25 Due by May 1, 2004	Election Campaign Finance Trust Fund Contribution.	ing 🛮	\$5.00 May Be Added to Fees	03/10/04-80031-022 61.25
10.	OFFICERS AND DIRE	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRINNELL, CHARLES E P.O. BOX 354 N/A ZELLWOOD, FL 32798		_		
TITLE NAME SIREET ADDRESS CRY-ST-ZIP	VP MEANS, W. VERNON 2080 WESTLAND ROAD MOUNT DORA, FL 32757				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T COLE, JACK ALLEN 21209 WOLF BRANCH RD. MOUNT DORA, FL 32757			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-SI-ZIP	D BARKER, MELVIN C ROUTE 21, BOX 4023 LAKE CITY, FL 32024	·	_	IN .	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOYD, ORVEL H 34514 HAMMOND LN EUSTIS, FL 32726				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHASTAIN, L B 1440 CLARCONA-OCOEE RD OCOEE, FL 34761				· · · · · · · · · · · · · · · · · · ·
12. I hereby certify that the information supplied with this filling 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 cath; 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 attackment with an address, with all other like empowered.					

IG OFFICER OR DIRECTOR