2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000848

FILED Apr 21, 2005 Secretary of State

Entity Name: FRIENDS OF THE CHURCHES OF CHRIST, INC.

Current Principal Place of Business: New Principal Place of Business: 1511 EAST ORANGE AVENUE EUSTIS, FL 32726 **Current Mailing Address: New Mailing Address:** 1511 EAST ORANGE AVENUE EUSTIS, FL 32726 FEI Number: 59-3606146 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: COLE, JACK 21209 WOLF BRANCH RD. MOUNT DORA, FL 32757 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete GRINNELL, CHARLES E Name: Name: P.O. BOX 354 N/A Address: Address: City-St-Zip: ZELLWOOD, FL 32798 City-St-Zip: Title: () Delete Title: () Change () Addition MEANS, W. VERNON Name: Name: Address: 2080 WESTLAND ROAD Address: City-St-Zip: MOUNT DORA, FL 32757 City-St-Zip: Title: () Delete Title: (X) Change () Addition COLE, JACK ALLEN Name: COLE, JACK A Name: 21209 WOLF BRANCH RD. 21209 WOLF BRANCH RD. Address: Address: City-St-Zip: MOUNT DORA, FL 32757 City-St-Zip: MOUNT DORA, FL 32757 Title: () Delete Title: () Change () Addition Name: BARKER, MELVIN C Name: Address: **ROUTE 21, BOX 4023** Address: City-St-Zip: LAKE CITY, FL 32024 City-St-Zip: Title: () Delete Title: () Change () Addition BOYD, ORVEL H Name: Name: 34514 HAMMOND LN Address: Address: City-St-Zip: EUSTIS, FL 32726 City-St-Zip: Title: () Delete Title: () Change () Addition CHASTAIN, L B Name: Name: Address: 1440 CLARCONA-OCOEE RD Address: OCOEE, FL 34761 City-St-Zip: 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: JACK A. COLE T 04/21/2005