

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 09, 2004 8:00 am**  
**Secretary of State**

09-09-2004 90011 038 \*\*\*\*61.85

**DOCUMENT # N98000003503**

1. Entity Name  
EUSTIS COMMUNITY FELLOWSHIP CHURCH, INC.



Principal Place of Business

321 W. LAKEVIEW AVE  
EUSTIS, FL 32726

Mailing Address

1110 SOUTH STREET  
EUSTIS, FL 32726

**24084213**



06172004 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3738999	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

PARKS, NICIE ALLEN  
1110 SOUTH STREET  
EUSTIS, FL 32726

**DO NOT WRITE  
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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARKS, NICIE ALLEN 1110 SOUTH STREET EUSTIS, FL 32726
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLANKEN, ANN REEVES 312 CROKED LAKE RIDGE EUSTIS, FL 32726
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOODMAN, DOROTHY 1310 JULES COURT EUSTIS, FL 32726
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/01/04 10/13/04 (352) 343-1260