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

DOCUMENT # N98000004393

1. Entity Name

CONVICTS FOR CHRIST, INC.

Principal Place of Business	Mailing Address
3651 N.W. 2ND STREET FORT LAUDERDALE FL 33311	3651 N.W. 2ND STREET FORT LAUDERDALE FL 33311

54064808

MOORE   CR2E037 (4/04)

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	

4. FEI Number	65-0858620	Applied For
		Not Applicable

Zip	Country	Zip	Country

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LLOYD, EARL 3651 N.W. 2ND STREET FORT LAUDERDALE FL 33311	Name Street Address (P.O. Box Number is Not Acceptable) City _____ FL _____ 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
Due By September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	LLOYD, EARL		NAME		
STREET ADDRESS	3651 N.W. 2ND STREET		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL 33311		CITY-ST-ZIP		
TITLE	VPD	☒ Delete	TITLE	VPD	☒ Change ☐ Addition
NAME	ROBINSON, LEON		NAME	Ken Bodine	
STREET ADDRESS	3651 N.W. 2ND STREET		STREET ADDRESS	555 N.W. 45th Court	
CITY-ST-ZIP	FORT LAUDERDALE FL 33311		CITY-ST-ZIP	Ft. Lauderdale FL. 33311	
TITLE	STD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	GRAY, JERRY D		NAME		
STREET ADDRESS	311 S.W. 30TH AVE		STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL 33312		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: Earl Jr. Lloyd   7-21-04   954-797-9758

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #