

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001410

FILED
Apr 07, 2004
Secretary of State**Entity Name:** GOD'S POCKET CHRISTIAN CENTER, INC.**Current Principal Place of Business:**1232 N. TAMIAMI TRL
#7
N. FORT MYERS, FL 33903**New Principal Place of Business:****Current Mailing Address:**1232 N. TAMIAMI TRL
#7
N. FORT MYERS, FL 33903**New Mailing Address:****FEI Number:** 91-1825478 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**BEAN, ROBERT E REV.
64 OAK ST.
N. FORT MYERS, FL 33903 US**Name and Address of New Registered Agent:**

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:****Title:** PCD () Delete
Name: BEAN, ROBERT E
Address: 64 OAK ST
City-St-Zip: FORT MYERS, FL 33903**Title:** TD () Delete
Name: BEAN, CHRISTINA
Address: 64 OAK ST
City-St-Zip: FORT MYERS, FL 33903**Title:** VD () Delete
Name: DOVEY, RON
Address: 4930 ORANGE GROVE BLVD
City-St-Zip: FORT MYERS, FL 33903**Title:** SD () Delete
Name: PEYTON, CAROL
Address: 20707 MYSTIC WAY
City-St-Zip: FT MYERS, FL 33917 US**Title:** D () Delete
Name: PEYTON, GENE
Address: 20707 MYSTIC WAY
City-St-Zip: FT MYERS, FL 33917 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
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: ROBERT E BEAN

PCD

04/07/2004

Electronic Signature of Signing Officer or Director_____
Date