

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001410

FILED
Jan 05, 2005
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:

BEAN, ROBERT E REV.
1835 GRACE AV
FORT MYERS, FL 33901 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:

01/05/2005

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: VTD (X) Change () Addition
Name: BEAN, CHRISTINA
Address: 64 OAK ST
City-St-Zip: FORT MYERS, FL 33903

Title: VSD (X) Change () Addition
Name: RIZZO, VINCE
Address: 4962 MARS ST
City-St-Zip: FORT MYERS, FL 33905

Title: D (X) Change () Addition
Name: PEYTON, CAROL
Address: 20707 MYSTIC WAY
City-St-Zip: FT MYERS, FL 33917 US

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: R OBERT E BEAN

PRES

01/05/2005

Electronic Signature of Signing Officer or Director

Date