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

SIGNATURE 5

Jul 12, 2004 8:00 am **Secretary of State** DOCUMENT #: N99000003044 07-12-2004 90014 048 ****70.00 COORDINATED CHRISTIAN RESPONSE GROUP, INC. Principal Place of Business Mailing Address 102 EDNEY AVE E **102 EDNEY AVE E** CRESTVIEW, FL 32539 CRESTVIEW, FL 32539 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 06302004 Chg-NP CR2E037 (10/03) City & State City & State 4. FEI Number 59-3567819 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JOHNSON, JOHN 4900 ANTIOCH RD Street Address (P.O. Box Number is Not Acceptable) CRESTVIEW, FL 32536 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 Filing Fee is \$61.25 \$5.00 May Be 9. Election Campaign Financing Make check payable to __Trust Fund Contribution., Due by September 8, 2004 Florida Department of State Added to Fees ~ 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITI F ☐ Change Addition STRICKLAND, EUGENE NAME NAME STREET ADDRESS 102 E. EDNEY AVE STREET ADDRESS CITY-ST-ZIP CRESTVIEW, FL 32539 CITY-ST-ZIP TITLE ☐ Delete Change TILE Addition JOHNSON, JOHN NAME NAME STREET ADDRESS 4900 ANTIOCH ROAD STREET ADDRESS CITY-ST-7IP CRESTVIEW, FL 32536 CITY-ST-ZIP TITLE Delete TTLE Change Addition NAME CARTER, THOMAS R JR NAME 6032 BLUEBIRD LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CRESTVIEW, FL 32536 CITY-ST-ZIP~ TITLE Delete TITLE ☐ Change Addition Kenneth Lilley RD NAME BAILEY, WILLIAM A NAME 6488 N HWY 85 STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CRESTVIEW FL 32536 CITY-ST-ZIP ШLE Delete TIFLE ☐ Change ☐ Addition LIEB, EDGAR J JR NAME NAME STREET ADDRESS 171 W NORTH AVE STREET ADDRESS CITY-ST-ZIP CRESTVIEW, FL 32536 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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.

FILED