

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003575

FILED
Feb 27, 2004
Secretary of State**Entity Name:** LARGO FOR JESUS CHRISTIAN CENTER, INC.**Current Principal Place of Business:**1544 CROSBY STREET
LARGO, FL 33778**New Principal Place of Business:****Current Mailing Address:**1544 CROSBY STREET
LARGO, FL 33778**New Mailing Address:****FEI Number:****FEI Number Applied For ()****FEI Number Not Applicable (X)****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**NEWSOME, MARETTA
1842 12TH STREET, SW
LARGO, FL 33778**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: DT () Delete
Name: MCCASKILL, WILLIE M
Address: 1544 CROSBY STREET
City-St-Zip: LARGO, FL 33778

Title: DT () Delete
Name: MCCASKILL, MALACHI JR.
Address: 1544 CROSBY STREET
City-St-Zip: LARGO, FL 33778

Title: T () Delete
Name: NEWSOME, MARETTA
Address: 1842 12TH STREET, SW
City-St-Zip: LARGO, FL 33778

Title: T () Delete
Name: LUCKEY, MARCY
Address: 302 SW EAST PORT CIRCLE
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: S () Delete
Name: LUCKEY, TROY D
Address: 302 SW EAST PORT CIRCLE
City-St-Zip: PORT ST. LUCIE, FL 34953

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: T (X) Change () Addition
Name: LUCKEY, MARCY
Address: 651 S.E. PRINEVILLE STREET
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: S (X) Change () Addition
Name: LUCKEY, TROY D
Address: 651 S.E. PRINEVILLE STREET
City-St-Zip: PORT ST. LUCIE, FL 34983

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: WILLIE M. MCCASKILL

DT

02/27/2004

Electronic Signature of Signing Officer or Director

Date