

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 20, 2005 8:00 am**  
**Secretary of State**

01-20-2005 90033 008 \*\*\*\*61.25

<b>DOCUMENT # N99000003856</b>					
<b>1. Entity Name</b> THE CHURCH AT CHETS CREEK, INC.					
<b>Principal Place of Business</b> 13947 BEACH BLVD STE 203 JACKSONVILLE, FL 32224			<b>Mailing Address</b> 13947 BEACH BOULEVARD STE 203 JACKSONVILLE, FL 32224		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01102005 Chg-NP CR2E037 (10/03)	
<b>4. FEI Number</b> 59-3586488				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> BLAZS, KEVIN A ESQ GOBELMAN, LOVE, GAVIN, BLAZE 7 MATHIS 815 SOUTH MAIN ST #300 JACKSONVILLE, FL 32207			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee Is \$61.25</b> <b>Due by May 1, 2005</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> SPIKE, STEPHEN E <input type="checkbox"/> Delete 13947 BEACH BLVD STE 203 JACKSONVILLE, FL 32224				
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> HASTINGS, NED <input type="checkbox"/> Delete 13947 BEACH BLVD STE 203 JACKSONVILLE, FL 32224				
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> PRICE, LARRY <input type="checkbox"/> Delete 13947 BEACH BOULEVARD STE 203 JACKSONVILLE, FL 32224				
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> MOBLEY, DAVID <input type="checkbox"/> Delete 13947 BEACH BOULEVARD STE 203 JACKSONVILLE, FL 32224				
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> REESE, GLENN <input type="checkbox"/> Delete 13947 BEACH BOULEVARD STE 203 JACKSONVILLE, FL 32224				
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Stephen E. Hogan					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<b>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.</b>					
<b>SIGNATURE:</b> <u>Stephen E. Hogan</u> <span style="float: right;">1-10-05 (904) 223-5954</span>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					