2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2004 08:00 AM Secretary of State

| 1. Entity Nam FLORIDA CHURCH MELBOU Principal Place | SIXTH ECCLESIASTICAL OF GOD IN CHRIST, INCO RNE, FLOR of Business IRD WEAVER BLVD. | JURISDICTION | BLVD. | | • |
|---|--|------------------------------------|---|---------------------------------|---|
| | · | | | | |
| 2. Principal P | lace of Business | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 04232004 Ch | g-NP CR2E037 (10/03) |
| City & State | e | City & State | | 4. FEI Number 59-3724660 | Applied For Not Applicat |
| Zip | Country | Zip | Country | 5. Certificate of Sta | tus Desired |
| | 6. Name and Address of Current | Registered Agent | | 7. Name and Addre | ess of New Registered Agent |
| WEAVER, LEONARD T SR. 2701 LEONARD WEAVER BLVD. MELBOURNE, FL 32901 | | | Name Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | City | | FL Zip Code |
| the obligat | ions of registered agent. | the purpose of changing its re | gistered office or regist | ered agent, or both, in the | ne State of Florida. I am familiar with, and acce |
| SIGNATURE. | Signature, typed or printed name of registered agent | and title if applicable (NOTE, F | legistored Agent signature requir | ed when reinstating) | DATE |
| | | | | | |
| | Filing Fee is \$61.25 Due by May 1, 2004 | 9. Election Camp Trust Fund Cor | | \$5.00 May Be Added to Fees | Make check payable to Fiorida Department of State |
| 10. | Due by May 1, 2004 | Trust Fund Cor | | Added to Fees | |
| 10. HILE NAME STREET ADDRESS CIPY-ST-ZIP | - | Trust Fund Con | ntribution. | Added to Fees ADDITIONS/CHANGE | Florida Department of State |
| TETLE NAME STREET ADDRESS | OFFICERS AND DIF DP WEAVER, LEONARD T SR. 503 SOUTH KENTUCKY AVENU | Trust Fund Con | 11. TITLE NAME SHEET ADDRESS | Added to Fees ADDITIONS/CHANGE | Florida Department of State S TO OFFICERS AND DIRECTORS IN 10 Change |
| HTLE NAME STREET ADDRESS GIFY-ST-ZIP TITLE NAME STREET ADDRESS | Due by May 1, 2004 OFFICERS AND DIF DP WEAVER, LEONARD T SR. 503 SOUTH KENTUCKY AVENU COCOA, FL 32922 VS HARRIS, EMANUEL DR. 9880 PALMETTO CLUB DR. | Trust Fund Con | 11. TITLE NAME SINELI ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | Added to Fees ADDITIONS/CHANGE | Florida Department of State S TO OFFICERS AND DIRECTORS IN 10 Change Addit 1000000151695 704704-80055-020 61.25 |
| NAME STREET ADDRESS GITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | Due by May 1, 2004 OFFICERS AND DIF DP WEAVER, LEONARD T SR. 503 SOUTH KENTUCKY AVENU COCOA, FL 32922 VS HARRIS, EMANUEL DR. 9880 PALMETTO CLUB DR. MIAMI, FL 33157 VS WEAVER, CLEO R 503 S. KENTUCKY AVENUE | Trust Fund Cor | 11. TITLE NAME SIREE ADDRESS CITY-ST-ZIP TITLE NAME SIREE ADDRESS CITY-SI-ZIP TITLE NAME SIREE ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS | Added to Fees ADDITIONS/CHANGE | Florida Department of State S TO OFFICERS AND DIRECTORS IN 10 Change Addit 100000151695 704704-80055-020 61.25 |
| NITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | Due by May 1, 2004 OFFICERS AND DIF DP WEAVER, LEONARD T SR. 503 SOUTH KENTUCKY AVENU COCOA, FL 32922 VS HARRIS, EMANUEL DR. 9880 PALMETTO CLUB DR. MIAMI, FL 33157 VS WEAVER, CLEO R 503 S. KENTUCKY AVENUE COCOA, FL 32922 D STALEY, SHEVIE 1000 MARIPOSA DRIVE NE | Trust Fund Cor | 11. TITLE NAME SINEE ADDRESS CITY-ST-ZIP TITLE NAME STREEI ADDRESS CITY-SI-ZIP TITLE NAME STREEI ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS GITY-SI-ZIP TITLE NAME STREET ADDRESS GITY-SI-ZIP TITLE NAME STREET ADDRESS | Added to Fees ADDITIONS/CHANGE | Florida Department of State S TO OFFICERS AND DIRECTORS IN 10 Change Addit Change Addit |

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 cath; 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.

SIGNATURE:

B Phop L.T. White SE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/04 331-768-1129 Eat 1