2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2005
Secretary of State

DOCUMENT# N99000004519

Entity Name: STILL WATER CHRISTIAN LIFE CENTER, INC.

Current Principal Place of Business:

100 MCKAY DR
HAINES CITY, FL 33844

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 368
HAINES CITY, FL 33845

New Mailing Address:

FEI Number: 59-3559095 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THOMPSON, KENNETH M
3105 MASSEE RD.
DAVENPORT, FL 33837 US

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: D ( ) Delete
Name: THOMPSON, KENNETH M
Address: 3105 MASSEE RD.
City-St-Zip: DAVENPORT, FL 33837

Title: D ( ) Delete
Name: CULVER, WAYNE
Address: 7 B. MOORE ROAD
City-St-Zip: HAINES CITY, FL 33844

Title: D ( ) Delete
Name: CAMERON, DAVID L
Address: 3560 E HINSON AVE
City-St-Zip: HAINES CITY, FL 33844

Title: D ( ) Delete
Name: KIPP, KENNETH
Address: 914 POINTE EVA PL.
City-St-Zip: HAINES CITY, FL 33844

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: SACKETT, DOUG
Address: 40 RANCH TRAIL ROAD
City-St-Zip: HAINES CITY, FL 33844

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: KENNETH M. THOMPSON D 03/09/2005

Electronic Signature of Signing Officer or Director — Date