## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N99000005271

FILED May 11, 2004 Secretary of State

Entity Name: THE FIRE HOUSE CHRISTIAN CENTER, INC.

Current Principal Place of Business:		New Principal Place of Business:		
03 W IDA AMPA, FI	STREET L 33603			
urrent M	lailing Addres	ss:	New Mailing Address	s:
03 W IDA AMPA, FI	STREET L 33603			
El Number:	: 59-3589670	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:	
	NATHANIEL V MARTIN L KIN L 33603			
05 W DR AMPA, Fl he above	MARTIN L KIN L 33603	NG JR BLVD	ourpose of changing its registere	d office or registered agent, or both,
05 W DR AMPA, Fl he above	MARTIN L KIN L 33603 named entity se of Florida. RE:	NG JR BLVD submits this statement for the լ		
05 W DR AMPA, Fl he above i the State IGNATUF	MARTIN L KIN L 33603 named entity se of Florida. RE: Electror	NG JR BLVD submits this statement for the particle of Registered Agree of Registered A	ent	Date
05 W DR AMPA, Fl he above i the State IGNATUF	MARTIN L KIN L 33603 named entity se of Florida. RE:	NG JR BLVD submits this statement for the particle of Registered Agree of Registered A	ent	
05 W DR AMPA, Fl he above i the State IGNATUF	MARTIN L KIN L 33603  named entity set of Florida.  RE: Electror S AND DIREC	Submits this statement for the particle Signature of Registered Agrands:  Delete ILLIE M	ent	Date
D5 W DR AMPA, FI he above the State IGNATUF FFICERS ttle: ame: ddress:	MARTIN L KIN L 33603 e named entity se of Florida. RE: Electror S AND DIREC PVD () MARSHALL, W 203 W IDA ST TAMPA, FL 33	submits this statement for the partic Signature of Registered Agronal TORS:  Delete ILLIE M  Delete DNJA D	ent  ADDITIONS/CHANGI  Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR

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 MARSHALL PVD 05/11/2004