

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005556

FILED
Mar 26, 2005
Secretary of State

Entity Name: THE CHURCH AT TRIPLE CROSS, INC.

Current Principal Place of Business:

P.O. BOX 551475
FORT LAUDERDALE, FL 33355

New Principal Place of Business:

20740 NW 100 AVENUE ROAD
MICANOPY, FL 32667

Current Mailing Address:

P.O. BOX 551475
FORT LAUDERDALE, FL 33355

New Mailing Address:

20740 NW 100 AVENUE ROAD
MICANOPY, FL 32667

FEI Number: 65-0945786

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CHAMBLISS, JAMES W
10660 SW 47TH STREET
FORT LAUDERDALE, FL 333283202 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: PD () Delete
Name: EDWARDS, NORMAN
Address: 1300 S FLAMINGO RD
City-St-Zip: DAVIE, FL 33325

Title: VD () Delete
Name: EDWARDS, PHYLLIS
Address: 1300 S FLAMINGO RD
City-St-Zip: DAVIE, FL 33325

Title: TD () Delete
Name: CHAMBLISS, JAMES W
Address: 1300 S FLAMINGO RD
City-St-Zip: DAVIE, FL 33325

Title: SD () Delete
Name: CHAMBLISS, ALYSON
Address: 1300 S FLAMINGO RD
City-St-Zip: DAVIE, FL 33325

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: EDWARDS, NORMAN
Address: 20740 NW 100 AVENUE ROAD
City-St-Zip: MICANOPY, FL 32667

Title: VD (X) Change () Addition
Name: EDWARDS, PHYLLIS
Address: 20740 NW 100 AVENUE ROAD
City-St-Zip: MICANOPY, FL 32667

Title: TD (X) Change () Addition
Name: CHAMBLISS, JAMES W
Address: 10660 SW 47 STREET
City-St-Zip: FORT LAUDERDALE, FL 33328

Title: SD (X) Change () Addition
Name: CHAMBLISS, ALYSON
Address: 10660 SW 47 STREET
City-St-Zip: FORT LAUDERDALE, FL 33328

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: JAMES W. CHAMBLISS

TD

03/26/2005

Electronic Signature of Signing Officer or Director

Date