

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 03, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N99000005833**

1. Entity Name  
**HEAVENLY STARS OF CHRIST SABBATH KEEPERS  
CHURCH, INC.**



Principal Place of Business  
**813 N 13TH STREET  
FORT PIERCE, FL 34950**

Mailing Address  
**100 CAMELOT DRIVE  
FORT PIERCE, FL 34946**



09012004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0993578**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**JOHNSON, JAMES  
100 CAMELOT DRIVE  
FORT PIERCE, FL 34946**

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

000000171551

09/03/04-80001-008 61.25

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JOHNSON, DIANE 100 CAMELOT DRIVE FORT PIERCE, FL 34946
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOHNSON, BISHOP JAMES 100 CAMELOT DRIVE FORT PIERCE, FL 34946
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, C W 5943 NW REBA CIRCLE PORT ST. LUCIE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SMITH, SHIRLEY 5943 NW REBA CIRCLE PORT ST. LUCIE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/1/04 772-467-1152