
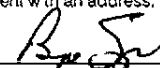


FILED
Mar 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000006081						Mar 03, 2004 08:00 AM		Secretary of State			
1. Entity Name CHURCH HOLDINGS, INC.											
Principal Place of Business 517 S.W. FIRST AVENUE FORT LAUDERDALE, FL 33301				Mailing Address 517 S.W. FIRST AVENUE FORT LAUDERDALE, FL 33301							
2. Principal Place of Business				3. Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.							
City & State				City & State							
Zip		Country		Zip		Country		4. FEI Number 30-0048805		Applied For <input type="checkbox"/> Not Applicable	
								5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent					
MEE, GLENN R 517 S.W. FIRST AVENUE FORT LAUDERDALE, FL 33301						Name					
						Street Address (P.O. Box Number is Not Acceptable)					
						City FL Zip Code					
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 _____ DATE _____ <small>Signature Used or Printed Name of Registered Agent and Title (Type name) (NOTE: Registered Agent's signature required when submitting)</small>											
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>				\$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS						11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE		PSTD <input type="checkbox"/> Delete				TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		SPERLING, BENIE				NAME		U000000074774			
STREET ADDRESS		517 SW 1ST AVE				STREET ADDRESS		03/03/04-80034-008 150.00			
CITY ST ZIP		FORT LAUDERDALE, FL 33301				CITY ST ZIP					
TITLE		<input type="checkbox"/> Delete				TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME						NAME					
STREET ADDRESS						STREET ADDRESS					
CITY ST ZIP						CITY ST ZIP					
TITLE		<input type="checkbox"/> Delete				TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME						NAME					
STREET ADDRESS						STREET ADDRESS					
CITY ST ZIP						CITY ST ZIP					
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NAME						NAME					
STREET ADDRESS						STREET ADDRESS					
CITY ST ZIP						CITY ST ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 607, 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 I/we empowered.											
SIGNATURE: 				3-1-04				984-394-9650			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR											