

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90106 029 ***158.75

DOCUMENT # P02000008305

1. Entity Name
CHURCHFORCE, INC.



Principal Place of Business
**4920 BAY CREST DRIVE
TAMPA, FL 33615**

Mailing Address
**4920 BAY CREST DRIVE
TAMPA, FL 33615**

50003272



2. Principal Place of Business
6301 Memorial Highway

3. Mailing Address
6301 Memorial Hwy.

Suite, Apt. #, etc.
Suite 102

Suite, Apt. #, etc.
Suite 102

City & State
Tampa, FL

City & State
Tampa, FL

Zip
33615

Country
USA

Zip
33615

Country
USA

01122005 Chg-P CR2E034 (10/03)

4. FEI Number
80-0006948

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GOMEZ, MAYRA
4920 BAY CREST DRIVE
TAMPA, FL 33615**

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **GOMEZ, JOSE**
STREET ADDRESS **4920 BAY CREST DRIVE**
CITY-ST-ZIP **TAMPA, FL 33615**

TITLE **D** ☒ Delete
NAME **GOMEZ, MAYRA**
STREET ADDRESS **4920 BAY CREST DRIVE**
CITY-ST-ZIP **TAMPA, FL 33615**

TITLE **D** ☒ Delete
NAME **JAHNKE, DAVID.**
STREET ADDRESS **8219 NE 128TH STREET**
CITY-ST-ZIP **KIRKLAND, WA 98034**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Officer** ☐ Change ☒ Addition
NAME **Ivis J. Alicea**
STREET ADDRESS **2701 W. Tampa Bay Blvd. Apt A**
CITY-ST-ZIP **Tampa, FL 33607**

TITLE **Officer** ☐ Change ☒ Addition
NAME **Anthony J. Alicea**
STREET ADDRESS **2701 W. Tampa Bay Blvd. Apt. A**
CITY-ST-ZIP **Tampa, FL 33607**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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)(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 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 like empowered.

SIGNATURE:

Jaime Gomez, Jr. CEO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/05
Date

813-2434641
Daytime Phone #