

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # P95000070421

1. Entity Name
CHURCH RISK MANAGEMENT, INC.



Principal Place of Business
1109 CEPHIA STREET
LAKE WALES, FL 33853

Mailing Address
P.O. BOX 1017
LAKE WALES, FL 33859 US



01282004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KOON, DAVID
1109 CEPHIA STREET
LAKE WALES, FL 33853

**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 relistating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

000000151283
05/04/04-80041-005 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME KOON, DAVID
STREET ADDRESS 1109 CEPHIA STREET
CITY-ST-ZIP LAKE WALES, FL 33853

TITLE STD
NAME KOON, CHARLENE M
STREET ADDRESS 1109 CEPHIA STREET
CITY-ST-ZIP LAKE WALES, FL 33853

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 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: DAVID M. KOON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-04
Date

863-676-7808
Daytime Phone #