2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State
04-30-2004 90238 039 ***150.00

DOCUMENT# P96000072420

1. EntityName
CHRISTIANBENEFITMORTGAGECOMPANY

PrincipalPlaceofBusiness	MailingAddress
4040 WOODCOCK DR SUITE 152 JACKSONVILLE, FL 32207	4040 WOODCOCK DR SUITE 152 JACKSONVILLE, FL 32207

04152004 Chg-P CR2E034(10/03)

2. PrincipalPlaceofBusiness	3. MailingAddress
Suite,Apt.#,etc.	Suite,Apt.#,etc.
City&State	City&State
Zip / Country	Zip / Country

4. FEINumber 59-3394175 ☐ AppliedFor ☐ NotApplicable

5. CertificateofStatusDesired ☐ **$8.75** Additional FeeRequired

6. NameandAddressofCurrentRegisteredAgent	7. NameandAddressofNewRegisteredAgent
RHODES,DANIELJR 1122WOODBRIDGEHOLLOWRD JACKSONVILLE,FL32218	Name Daniel L Rhodes JR StreetAddress (P.O.BoxNumberisNotAcceptable) 12561 Lochloosa Lane City Jacksonville FL ZipCode 32218

8. Theabovenamedentitysubmitsthisstatementforthepurposeofchangingitsregisteredofficeorregisteredagent,orboth,intheStateofFlorida.Iamfamiliarwith,andaccept theobligationsofregisteredagent.

SIGNATURE [signature] 4/15/04
Signature,typedorprintednameofregisteredagentandtitleifapplicable. (NOTE:RegisteredAgentsignaturerequiredwhenreinstating) DATE

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

9. ElectionCampaignFinancing TrustFundContribution. ☐ **$5.00** MayBe AddedtoFees

10. OFFICERSANDDIRECTORS			11. ADDITIONS/CHANGESTOOFFICERSANDDIRECTORSIN11		
TITLE / NAME / STREETADDRESS / CITY-ST-ZIP	MDPT RHODES,DANIELJR 1122WOODBRIDGEHOLLOWRD JACKSONVILLE,FL32218	☐ Delete	TITLE / NAME / STREETADDRESS / CITY-ST-ZIP	Daniel L. Rhodes 12561 LochLoosA Lane Jacksonville FL 32218	☑ Change ☐ Addition
TITLE / NAME / STREETADDRESS / CITY-ST-ZIP	CDVS TIMOTHY,JLEE 3363ASHRIDGEDR JACKSONVILLE,FL	☐ Delete	TITLE / NAME / STREETADDRESS / CITY-ST-ZIP		☑ Change ☐ Addition
TITLE / NAME / STREETADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREETADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREETADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREETADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREETADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREETADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREETADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREETADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. Iherebycertifythattheinformationsuppliedwiththisfilingdoesnotqualifyfortheexemptionstatedin Section119.07(3)(i).FloridaStatutes.Ifurthercertifythattheinformation indicatedonthisreportorsupplementalreportistrueandaccurateandthatmysignatureshallhavethesamelegaleffectasifmadeunderoath;thatIamanofficerordirector ofthecorporationorthereceiverortrusteeempoweredtoexecutethisreportasrequiredbyChapter607,FloridaStatutes;andthatmynameappearsinBlock 10orBlock 11if changed,oronanattachmentwith anaddress,withallotherlikeempowered.

SIGNATURE: [signature] 4/15/04 (904)399-8010
SIGNATUREANDTYPEDORPRINTEDNAMEOFSIGNINGOFFICERORDIRECTOR Date DaytimePhone#