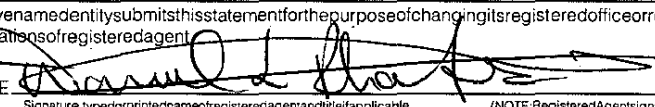
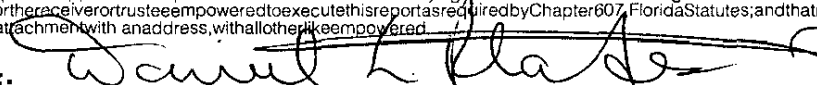


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90238 039 ***150.00

DOCUMENT# P96000072420 1. EntityName CHRISTIANBENEFITMORTGAGECOMPANY					
PrincipalPlaceofBusiness 4040 WOODCOCK DR SUITE 152 JACKSONVILLE, FL 32207			MailingAddress 4040 WOODCOCK DR SUITE 152 JACKSONVILLE, FL 32207		
2. PrincipalPlaceofBusiness Suite, Apt. #, etc.		3. MailingAddress Suite, Apt. #, etc.			
City&State Zip Country		City&State Zip Country		04152004 Chg-P CR2E034(10/03)	
4. FEINumber 59-3394175				AppliedFor ☐ NotApplicable	
5. CertificateofStatusDesired ☐				\$8.75 Additional FeeRequired	
6. NameandAddressofCurrentRegisteredAgent RHODES, DANIELJR 1122 WOODBRIDGEHOLLOWRD JACKSONVILLE, FL 32218			7. NameandAddressofNewRegisteredAgent Name Daniel L Rhodes JR StreetAddress (P.O. Box Number is Not Acceptable) 12561 Loch Loosa Lane City Jacksonville FL ZipCode 32218		
8. The abovenamed 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 4/15/04 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agents signature required when reinstating)					
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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MDPT RHODES, DANIELJR 1122 WOODBRIDGEHOLLOWRD JACKSONVILLE, FL 32218	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Daniel L. Rhodes 12561 Loch Loosa Lane Jacksonville FL 32218
☐ Change ☐ Addition		TITLE NAME STREET ADDRESS CITY - ST - ZIP	CDVS TIMOTHY, JLEE 3363 ASHRIDGE DR JACKSONVILLE, FL	☐ Delete	
☐ Change ☐ Addition		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		
☐ Change ☐ Addition		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		
☐ Change ☐ Addition		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		
☐ Change ☐ Addition		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		
☐ Change ☐ Addition		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: 			Date 4/15/04 Daytime Phone # 604-399-8010		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					