


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90328 022 ***158.75

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|---|--|--|---|---|--|
| DOCUMENT # S73172 1. Entity Name CHRISTIAN AMERICA CORP. | | | |  | |
| Principal Place of Business 17 N. OCEAN ST. JACKSONVILLE, FL 32202 | | Mailing Address 17 N. OCEAN ST. JACKSONVILLE, FL 32202 | | | |
| 2. Principal Place of Business 721 STONEWALL ST. | | 3. Mailing Address P O Box 5398 | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State JACKSONVILLE FL | | City & State JACKSONVILLE FL | | 4. FEI Number 59-3085364 | |
| Zip 32204 | | Country USA | | Applied For <input type="checkbox"/> Not Applicable | |
| Zip 32204 | | Country USA | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent HOEFFEL, JOHN E 17 N. OCEAN ST. JACKSONVILLE, FL 32202 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4636 LEGENDS LN City ELKTON FL Zip Code 32033 | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | | 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 NAME STREET ADDRESS CITY-ST-ZIP | PSD HOEFFEL, JOHN 4636 LEGENDS AVE. ELKTON, FL 32033 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VTD WATSON, KENNETH R 1610 AVENDALE AVE. JACKSONVILLE, FL 32205 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Delete | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | |
| 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: <u><i>John E. Hoeffel</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date <u>4-26-04</u> Daytime Phone # <u>904/358-5685</u> | | |