## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 707890**

FILED Mar 06, 2009 Secretary of State

Entity Name: CHURCH OF GOD BY FAITH, INC.

**Current Principal Place of Business: New Principal Place of Business:** 2409 OLD MIDDLEBURG ROAD NORTH JACKSONVILLE, FL 32210 **Current Mailing Address: New Mailing Address:** 2409 OLD MIDDLEBURG ROAD NORTH JACKSONVILLE, FL 32210 FEI Number: 59-1631564 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LUNDY, SARAH E 6536 ARROWROOT DRIVE JACKSONVILLE, FL 32244 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition MCKNIGHT, SR. JAMES, E. Name: Name: 7121 N.E. 26TH PLACE Address: Address: City-St-Zip: GAINESVILLE, FL 32602 City-St-Zip: Title: ( ) Delete Title: () Change () Addition Name: ROURK, DAVID C., Name: Address: 105 EASTMAN ESTATES Address: City-St-Zip: ROCHESTER, NY 14622 City-St-Zip: Title: () Delete Title: () Change () Addition MCKNIGHT, JR. JAMES, E. Name: Name: Address: 2514 NE 65TH TERR Address: City-St-Zip: GAINESVILLE, FL 32609 City-St-Zip: Title: ( ) Delete Title: () Change () Addition ROBINSON, JR., JOHN, Name: Name: Address: 300 ESSEX DR. Address: City-St-Zip: FT. PIERCE, FL 34946 City-St-Zip: Title: Title: () Delete () Change () Addition TURNER, SR. HORACE N, Name: Name: 347 WILLIE ANDERSON RD Address: Address: City-St-Zip: NICHOLLS, GA 31554 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES E. MCKNIGHT, SR. **PRES** 03/06/2009