

# 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:**

2409 OLD MIDDLEBURG ROAD NORTH  
JACKSONVILLE, FL 32210

**New Principal Place of Business:**

**Current Mailing Address:**

2409 OLD MIDDLEBURG ROAD NORTH  
JACKSONVILLE, FL 32210

**New Mailing Address:**

FEI Number: 59-1631564

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LUNDY, SARAH E  
6536 ARROWROOT DRIVE  
JACKSONVILLE, FL 32244 US

**Name and Address of New Registered Agent:**

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:**

Title: P ( ) Delete  
Name: MCKNIGHT, SR. JAMES, E.  
Address: 7121 N.E. 26TH PLACE  
City-St-Zip: GAINESVILLE, FL 32602

Title: S ( ) Delete  
Name: ROURK, DAVID C.,  
Address: 105 EASTMAN ESTATES  
City-St-Zip: ROCHESTER, NY 14622

Title: D ( ) Delete  
Name: MCKNIGHT, JR. JAMES, E.  
Address: 2514 NE 65TH TERR  
City-St-Zip: GAINESVILLE, FL 32609

Title: T ( ) Delete  
Name: ROBINSON, JR., JOHN,  
Address: 300 ESSEX DR.  
City-St-Zip: FT. PIERCE, FL 34946

Title: D ( ) Delete  
Name: TURNER, SR. HORACE N, .  
Address: 347 WILLIE ANDERSON RD  
City-St-Zip: NICHOLLS, GA 31554

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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

Electronic Signature of Signing Officer or Director

Date