

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763408

FILED  
Jan 25, 2011  
Secretary of State

**Entity Name:** TORCH - SOUTH WORSHIP CENTER, INC.

**Current Principal Place of Business:**

4175 SE COVE RD  
STUART, FL 34997 US

**New Principal Place of Business:**

**Current Mailing Address:**

4175 SE COVE RD  
STUART, FL 34997 US

**New Mailing Address:**

FEI Number: 27-0978740

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CRAWFORD, BRYAN H  
12663 SE OLD CYPRESS DR.  
HOBE SOUND, FL 33455 US

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

CRAWFORD, BRYAN H  
6653 SE WOODMILL POND LN  
STUART, FL 34997 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

01/25/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: CLARK, JOHN S  
Address: 2417 SE HARRISON ST.  
City-St-Zip: STUART, FL 34997 US

Title: VD  
Name: JACOBS, VAN  
Address: 5689 SE LAMAY DR.  
City-St-Zip: STUART, FL 34997 US

Title: TD  
Name: JACOBS, JENNIFER  
Address: 5689 SE LAMAY DR.  
City-St-Zip: STUART, FL 34997 US

Title: SD  
Name: WILLIAMSON, BILL  
Address: 834 NW SPRUCE RIDGE DR.  
City-St-Zip: STUART, FL 34994

I hereby 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 all other like empowered.

SIGNATURE: BRYAN H. CRAWFORD

RA

01/25/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date