

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 812778

FILED  
Jul 01, 2008  
Secretary of State

Entity Name: MORAVIAN CHURCH IN AMERICA, SOUTHERN PROVINCE

**Current Principal Place of Business:**

459 S. CHURCH ST.  
WINSTON-SALEM, NC 27101 US

**New Principal Place of Business:**

**Current Mailing Address:**

459 S. CHURCH STREET  
WINSTON-SALEM, NC 27101 US

**New Mailing Address:**

FEI Number: 56-0552778      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

MOTSINGER, JOHN JR.ESQ.  
201 N. PALMETTO AVE.  
ORLANDO, FL 32801 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: D      ( ) Delete  
Name: SPARKS, KATHY S  
Address: 150 HERONS LANE  
City-St-Zip: ADVANCE, NC 27006

Title: D      ( ) Delete  
Name: SIDES, RICHARD L  
Address: 500 S CHURCH ST  
City-St-Zip: WINSTON-SALEM, NC

Title: D      ( ) Delete  
Name: HURT, DONNA D  
Address: 348 ROLLING PARK DRIVE  
City-St-Zip: LEXINGTON, NC 27295

Title: PD      ( ) Delete  
Name: BURKETTE, WAYNE  
Address: 459 S. CHURCH STREET  
City-St-Zip: WINSTON-SALEM, NC 27101

Title: D      ( ) Delete  
Name: SAPP, LANE A  
Address: 600 HOLLY AVENUE  
City-St-Zip: WINSTON-SALEM, NC 27101

Title: ST      ( ) Delete  
Name: LEINBACH, C T  
Address: 459 S CHURCH STREET  
City-St-Zip: WINSTON SALEM, NC 27101

**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: C T LEINBACH

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

ST

07/01/2008

\_\_\_\_\_ Date