

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 812778

FILED
Mar 19, 2009
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:

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

FEI Number: 56-0552778

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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
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City-St-Zip:

Title: () Change () Addition
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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 III

ST

03/19/2009

Electronic Signature of Signing Officer or Director

Date