

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004903

FILED
Apr 30, 2010
Secretary of State

Entity Name: SANDERSON CHRISTIAN REVIVAL CENTER INC.

Current Principal Place of Business:

SANDERSON CHRISTIAN REVIVAL CENTER
RT 1, BOX 3680
GLEN ST MARY, FL 32040

New Principal Place of Business:

Current Mailing Address:

PO BOX 31
RAIFORD, FL 32083

New Mailing Address:

FEI Number: 59-3710357

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GRIFFIS, NANCY
15540 NE 264 LANE
RAIFORD, FL 32083 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: DT
Name: GRIFFIS, MARVIN
Address: 15540 NE 264 LANE
City-St-Zip: RAIFORD, FL 32083 US

Title: D
Name: HENDERSON, SHIRLEY
Address: 22511 NW COUNTY ROAD 235
City-St-Zip: LAKE BUTLER, FL 32054 US

Title: D
Name: KILGORE, MAXINE
Address: COUNTY ROAD 18A
City-St-Zip: WORTHINGTON SPRINGS, FL 32697 US

Title: D
Name: MABREY, SAMANTHA
Address: 13787 NE 262 LOOP
City-St-Zip: RAIFORD, FL 32083 US

Title: D
Name: SLUDER, LARRY
Address: 1653 WHIPPORRWILL LANE
City-St-Zip: GLEN ST MARY, FL 32054 US

Title: D
Name: PRICE, GARY
Address: 11796 SW 36TH STREET
City-St-Zip: LAKE BUTLER, FL 32054

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: NANCY GRIFFIS

SEC

04/30/2010

Electronic Signature of Signing Officer or Director

Date