

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Oct 16, 2009
Secretary of State

DOCUMENT# N02000004509

Entity Name: CENTRAL FLORIDA CHRISTIAN ASSEMBLY, INC.**Current Principal Place of Business:**1908 S OAK ST
SEFFNER, FL 33584**New Principal Place of Business:****Current Mailing Address:**3015 PANTHER DR.
LAKELAND, FL 33813**New Mailing Address:****FEI Number:** 04-3689936**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**GEORGE, KASEY
1104 CAMPHOR GLEN CT
VALRICO, FL 33594 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: MATHEW, VANOJ PASTOR
Address: 3015 PANTHER DRIVE
City-St-Zip: LAKELAND, FL 33813

Title: S () Delete
Name: GEORGE, KASEY
Address: 1104 CAMPHOR GLEN CT
City-St-Zip: VALRICO, FL 33594

Title: T () Delete
Name: JOSEPH, THOMAS O
Address: 3843 HORIZON HILL DRIVE
City-St-Zip: LAKELAND, FL 33813 US

Title: D () Delete
Name: PAUL, BILLY
Address: 631 TUSCANNY ST
City-St-Zip: BRANDON, FL 33511 US

Title: D () Delete
Name: CHANDY, RAJU
Address: 11820 MANGO GROVES BLVD
City-St-Zip: SEFFNER, FL 33584 US

Title: D () Delete
Name: CHANDY, THOMAS
Address: 1118 LAKE SHORE DR
City-St-Zip: SEFFNER, FL 33584

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T (X) Change () Addition
Name: JAMES, VARGHESE
Address: 10606 GRAND RIVIERE DR
City-St-Zip: TAMPA, FL 33647 US

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 VARGHESE

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10/16/2009

Electronic Signature of Signing Officer or Director_____
Date