2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2009
Secretary of State

DOCUMENT# N05000004344

Entity Name: SERVANTS OF CHRIST ANGLICAN CHURCH, INC.

Current Principal Place of Business:

3536 NW 8 AVE.
GAINESVILLE, FL 32605

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 357867
GAINESVILLE, FL 32635

New Mailing Address:

FEI Number: 20-2757799 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ENWALL, PETER C.K.
4110 NW 37 PL.
B
GAINESVILLE, FL 32606 US

Name and Address of New Registered Agent:

FARMER, CHARLES A
901 NW 37TH TERR.
GAINESVILLE, FL 32605 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: CHARLES A. FARMER 03/31/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: KIRBY, CARY
Address: 933 SW 5TH AVE
City-St-Zip: GAINESVILLE, FL 32601

Title: TD ( ) Delete
Name: STEHOUWER, CYNTHIA
Address: 914 NW 42 TERR.
City-St-Zip: GAINESVILLE, FL 32605

Title: D ( ) Delete
Name: DAQUILA, DEBRA
Address: 920 NW 37 DR.
City-St-Zip: GAINESVILLE, FL 32605

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: JOHNSTON, DARYL
Address: 5323 NW 94TH WAY
City-St-Zip: GAINESVILLE, FL 32653

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

Title: D (X) Change ( ) Addition
Name: MCCREA, BILL
Address: 2322 NW 32ND ST.
City-St-Zip: GAINESVILLE, FL 32605

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: DARYL JOHNSTON PD 03/31/2009
Electronic Signature of Signing Officer or Director Date