2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2009
Secretary of State

DOCUMENT# N05000008147

Entity Name: VIEW FAMILY CHURCH, INC.

Current Principal Place of Business:

775 N FERDON BLVD
SUITE D
CRESTVIEW, FL 32536

New Principal Place of Business:

Current Mailing Address:

775 N FERDON BLVD
SUITE D
CRESTVIEW, FL 32536

New Mailing Address:

FEI Number: 13-4304455 **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:

WELTON & WILLIAMSON LLC
1020 FERDON BLVD S
CRESTVIEW, FL 32536 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: DP ( ) Delete
Name: MATTHEWS, DWAYNE V
Address: 5361 CIMMORAN RD
City-St-Zip: CRESTVIEW, FL 32539

Title: DV ( ) Delete
Name: WELSH, GARY
Address: 6144 JOHN NIX RD
City-St-Zip: CRESTVIEW, FL 32539

Title: DT ( ) Delete
Name: WELSH, DEBBIE
Address: 6144 JOHN NIX RD
City-St-Zip: CRESTVIEW, FL 32539

Title: DS ( ) Delete
Name: MATTHEWS, MELISSA
Address: 5361 CIMMORAN RD
City-St-Zip: CRESTVIEW, FL 32539

Title: D ( ) Delete
Name: STRAWSER, DAVID
Address: 6424 FLORIDA AVE
City-St-Zip: CRESTVIEW, FL 32539

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: DWAYNE V. MATTHEWS DP 05/04/2009

Electronic Signature of Signing Officer or Director — Date