

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009160

FILED
Jan 15, 2009
Secretary of State

Entity Name: ALL SAINTS COMMUNITY CHURCH, INC.

Current Principal Place of Business:

176 N EUCLID AVE
LAKE HELEN, FL 32744

New Principal Place of Business:

Current Mailing Address:

176 N EUCLID AVE
LAKE HELEN, FL 32744

New Mailing Address:

FEI Number: 20-8472861

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NORDMAN, MICHAEL P
112 N FLORIDA AVE
DELAND, FL 32720 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: DTR () Delete
Name: O'KEEFE, BONNIE S
Address: P.O.BOX 3043
City-St-Zip: DELAND, FL 32721

Title: DP () Delete
Name: LONG, LEWIS C III
Address: 176 N EUCLID AVE
City-St-Zip: LAKE HELEN, FL 32744

Title: D () Delete
Name: SHARPE, WILLIAM
Address: 323 BLUE LAKE TERR
City-St-Zip: DELAND, FL 32720

Title: D () Delete
Name: FINN, STEPHEN M
Address: P.O.BOX 129
City-St-Zip: LAKE HELEN, FL 32744

Title: S () Delete
Name: LONG, CARYN
Address: 176 N EUCLID AVE
City-St-Zip: LAKE HELEN, FL 32744

Title: V () Delete
Name: MARSHALL, JAMES
Address: P.O.BOX 57
City-St-Zip: CASSADAGE, FL 32706

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: S (X) Change () Addition
Name: MARSHALL, BRENT
Address: P.O BOX 57
City-St-Zip: CASSADAGA, FL 32706

Title: V (X) Change () Addition
Name: MARSHALL, JAMES
Address: P.O.BOX 57
City-St-Zip: CASSADAGA, FL 32706

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: LEWIS C. LONG III

DP

01/15/2009

Electronic Signature of Signing Officer or Director

Date