## 2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# N07000002257

TI FILED
Jun 23, 2009
Secretary of State

Entity Name: CHRIST'S CHURCH OF MARION COUNTY, INC. **Current Principal Place of Business: New Principal Place of Business:** 6880 SW 80TH STREET OCALA, FL 34476 **Current Mailing Address: New Mailing Address:** 6880 SW 80TH STREET OCALA, FL 34476 FEI Number: 20-8551706 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: **G&L AGENT SERVICES, INC** 390 NORTH ORANGE AVE SUITE 600 ORLANDO, FL 32801 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition (X) Delete BUNCH, PETER Name: Name: Address: 2145 NE 45TH AVE Address: City-St-Zip: OCALA, FL 34476 City-St-Zip: Title: () Delete Title: () Change () Addition Name: CARREL, JOHN S JR. Name: Address: 11752 SW 139TH STREET Address: City-St-Zip: DUNNELLON, FL 34432 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition COVINGTON, CALVIN COVINGTON, CALVIN Name: Name: 4761 SW 71ST CIRCLE 4761 SW FIRST TERRACE Address: Address: City-St-Zip: OCALA, FL 34476 City-St-Zip: OCALA, FL 34474 Title: (X) Delete Title: () Change () Addition Name: SAMPLE, SAMUEL Name: Address: 10759 SW 71ST CIRCLE Address: City-St-Zip: OCALA, FL 34476 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: JOHN S. CARREL, JR. D 06/23/2009