

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 23, 2009
Secretary of State**

DOCUMENT# N08000001417

Entity Name: MARKETPLACE CHRISTIAN CENTER INC

Current Principal Place of Business:

4535 26TH STREET WEST
BRADENTON, FL 34207

New Principal Place of Business:

4534 26TH STREET WEST
BRADENTON, FL 34207

Current Mailing Address:

4535 26TH STREET WEST
BRADENTON, FL 34207

New Mailing Address:

4534 26TH STREET WEST
BRADENTON, FL 34207

FEI Number: 26-2168055 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JOHNSON, SHERYL A
4535 26TH STREET WEST
BRADENTON, FL 34207 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: PD () Delete
Name: JOHNSON, SHERYL A
Address: 704 44TH ST. COURT WEST
City-St-Zip: PALMETTO, FL 34221

Title: VD () Delete
Name: JOHNSON, RICHARD C
Address: 704 44TH ST. COURT WEST
City-St-Zip: PALMETTO, FL 34221

Title: TD () Delete
Name: STAGG, RONALD N
Address: 5400 34TH ST W
City-St-Zip: BRADENTON, FL 34210

Title: SD () Delete
Name: STAGG, BETTY J
Address: 5400 34TH ST W
City-St-Zip: BRADENTON, FL 34210

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:

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: SHERYL JOHNSON

PD

01/23/2009

Electronic Signature of Signing Officer or Director

_____ Date