

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005409

FILED
Apr 15, 2009
Secretary of State

Entity Name: SAINT FRANCIS CHAPEL CHRISTIAN CHURCH, INC.

Current Principal Place of Business:

7012 PARLIAMENT DRIVE
TAMPA, FL 33619

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 89211
TAMPA, FL 33689

New Mailing Address:

FEI Number: 20-0501594

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHERRENFRO, P.L. DR.
422 CARDINAL COURT
POINCIANA, FL 34759 US

Name and Address of New Registered Agent:

CHERRENFRO, P L DR.
422 CARDINAL COURT
POINCIANA, FL 34759 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: DR. PL CHERRENFRO

04/15/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CHERRY, WILLIE G
Address: 7012 PARLIAMENT DRIVE
City-St-Zip: TAMPA, FL 33619

Title: VP () Delete
Name: CHERRENFRO, MARGRETTE
Address: 7012 PARLIAMENT DRIVE
City-St-Zip: TAMPA, FL 33619

Title: D () Delete
Name: CHERRENFRO, P.L. II
Address: 422 CARDINAL COURT
City-St-Zip: POINCIANA, FL 34759

Title: T () Delete
Name: CHERRY, EDDIE L
Address: 8612 NORTH HUNTLEY AVENUE
City-St-Zip: TAMPA, FL 33604

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: DR. PL CHERRENFRO

RA

04/15/2009

Electronic Signature of Signing Officer or Director

Date