2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700440

FILED Jun 24, 2009 Secretary of State

Entity Name: JENSEN BEACH COMMUNITY CHURCH, INC.

	rincipal Place of Business:	New Principal Place of Business:
	SKYLINE DR BCH, FL 34957	
Current N	lailing Address:	New Mailing Address:
	SKYLINE DR BCH, FL 34957	
n accordar	: 59-6143899 FEI Number Applied For ()	did not receive the prior notice.
CHENEY, 1694 NW	I Address of Current Registered Agent LORRAINE SPRUCE RIDGE DR BEACH, FL 34957 US	t: Name and Address of New Registered Agent:
	e named entity submits this statement for t e of Florida.	the purpose of changing its registered office or registered agent, or both,
SIGNATU	RE:	
	Electronic Signature of Registered	d Agent Date
FFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
itle: lame: lddress: city-St-Zip:	PV () Delete CHENEY, LORRAINE 1694 NW SPRUCE RIDGE DR JENSEN BEACH, FL 34957	Title: () Change () Addition Name: Address: City-St-Zip:
lame: \ddress:	S () Delete HUDSON, MARILYN 2002 SE PYRAMID RD. PORT SAINT LUCIE, FL 34952	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Jame: Address: City-St-Zip: Title: Jame: Address: City-St-Zip:	HUDSON, MARILYN 2002 SE PYRAMID RD.	Name: Address:
Name: Address: Dity-St-Zip: Title: Name: Address:	HUDSON, MARILYN 2002 SE PYRAMID RD. PORT SAINT LUCIE, FL 34952 T () Delete SCHWERIN, TAMMY 447 SE ASHBURY LANE	Name: Address: City-St-Zip: Title: () Change () Addition Name: Address:
lame: Address: Dity-St-Zip: Title: Idame: Address: Dity-St-Zip: Title: Idame: Address:	HUDSON, MARILYN 2002 SE PYRAMID RD. PORT SAINT LUCIE, FL 34952 T () Delete SCHWERIN, TAMMY 447 SE ASHBURY LANE PORT SAINT LUCIE, FL 34983 D () Delete LOPILATO, SUSANNE 1140 NE MARTIN AVE.	Name: Address: City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip: Title: D (X) Change () Addition Name: GROOM, MIKE Address: 934 NE DAHOON TERRACE

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: LORRAINE CHENEY PV 06/24/2009