

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700663

FILED
Jan 08, 2009
Secretary of State

Entity Name: ATLANTIC CHRISTIAN FUND INCORPORATED

Current Principal Place of Business:

C/O WILLIE R. HENRY
850 BEVILLE RD
DAYTONA BEACH, FL 32114

New Principal Place of Business:

Current Mailing Address:

1016 INDIAN OAKS E
HOLLY HILL, FL 32117

New Mailing Address:

FEI Number: 59-1004175

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HENRY, WILLIE R
1016 INDIAN OAKS E
HOLLY HILL, FL 32117 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: VD () Delete
Name: WADE, GARY
Address: 885 PINEAPPLE RD
City-St-Zip: SOUTH DAYTONA, FL 32120

Title: PD () Delete
Name: WILLIAMS, JACK,
Address: 6116 DEL RIO DR
City-St-Zip: PORT ORANGE, FL 32127

Title: D () Delete
Name: WOODHAM, PHILIP
Address: 1712 CALDWELL RD
City-St-Zip: SOUTH DAYTONA, FL 32119

Title: D () Delete
Name: HENRY, WILLIE R
Address: 1016 INDIAN OAKS E
City-St-Zip: DAYTONA BEACH, FL 32117

Title: TD () Delete
Name: GOODWIN, TED
Address: 6236 POPLAR GROVE DR
City-St-Zip: PORT ORANGE, FL 32127

Title: SD () Delete
Name: GRIFFEY, CHARLES
Address: 1709 ORANGE TREE DR
City-St-Zip: EDGEWATER, FL 32132

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
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Address:
City-St-Zip:

Title: () Change () Addition
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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: TED GOODWIN

TD

01/08/2009

Electronic Signature of Signing Officer or Director

Date