2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 701316

FILED Feb 12, 2009 Secretary of State

Entity Name: LOCKHART BAPTIST CHURCH HOLDING COMPANY, INC.

Current Principal Place of Business: New Principal Place of Business: 7601 EDGEWATER DR. ORLANDO, FL 32810 **Current Mailing Address: New Mailing Address:** 7601 EDGEWATER DR. ORLANDO, FL 32810 FEI Number: 59-2297708 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: LARSON, FLORENCE 7601 EDGEWATER DR ORLANDO, FL 32860 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete MCKATHAN, NEOMA Name: Name: 5489 CAURUS COURT Address: Address: City-St-Zip: ORLANDO, FL 32808 City-St-Zip: Title: DS () Delete Title: () Change () Addition DEWAR, ALEX Name: Name: Address: 6068 LINNEAL BEACH DR. Address: City-St-Zip: APOPKA, FL 32703 City-St-Zip: Title: () Delete Title: (X) Change () Addition TROY, FIELDS FIELDS, TROY Name: Name: 8476 BAYWOOD DR. Address: 8476 BAYWOOD DR. Address: City-St-Zip: ORLANDO, FL 32810 City-St-Zip: ORLANDO, FL 32810 Title: VC () Delete Title: VC (X) Change () Addition Name: JUERGENSEN, WALTER Name: JUERGENSEN, WALTER 1455 BLAMY BEACH DR. 1455 BALMY BEACH DR. Address: Address: City-St-Zip: APOPKA, FL 32703 City-St-Zip: APOPKA, FL 32703 Title: () Delete Title: (X) Change () Addition WOODDRIDGE, TRICIA MURRAY, TRICIA Name: Name: 4531 PARK EDEN CIRCLE 4531 PARK EDEN CIRCLE Address: Address: City-St-Zip: ORLANDO, FL 32810 City-St-Zip: ORLANDO, FL 32810 Title: () Delete Title: () Change () Addition THORNTON, RON Name: Name: Address: 4057 MALLARD POINT CT. Address: ORLANDO, FL 32810 City-St-Zip: 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: FLORENCE LARSON RA 02/12/2009