2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
May 08, 2009
Secretary of State

DOCUMENT# 706043

Entity Name: DUNKLIN MEMORIAL CHURCH, INC.

Current Principal Place of Business:

3342 SW HOSANAH LANE
OKEECHOBEE, FL 34974

New Principal Place of Business:

Current Mailing Address:

3342 SW HOSANAH LANE
OKEECHOBEE, FL 34974

New Mailing Address:

FEI Number: 59-1083402 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EVANS,DONALD E
3505 DEER RUN TRAIL
OKEECHOBEE, FL 34974 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:	D	( ) Delete
Name:	STRAYHORN, GUY	
Address:	123 RIVER RD.	
City-St-Zip:	FT. MYERS, FL	
Title:	P	( ) Delete
Name:	MURROW, HUGH	
Address:	23154 SW HALLELUJAH WAY	
City-St-Zip:	OKEECHOBEE, FL 34974	
Title:	DC	( ) Delete
Name:	BEESON, FRED V	
Address:	24240 SW MARTIN HWY	
City-St-Zip:	OKEECHOBEE, FL 34974	
Title:	D	( ) Delete
Name:	EVANS, LAURA MAYE	
Address:	3505 DEER RUN TRAIL	
City-St-Zip:	OKEECHOBEE, FL 34974	
Title:	D	( ) Delete
Name:	EVANS, DONALD	
Address:	3505 DEER RUN TRAIL	
City-St-Zip:	OKEECHOBEE, FL 34974	
Title:	D	( ) Delete
Name:	JOLICOEUR, JERRY	
Address:	2044 S.W. 19TH LN.	
City-St-Zip:	OKEECHOBEE, FL	

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:	S	(X) Change ( ) Addition
Name:	HASKELL, TODD A	
Address:	3342 SW HOSANAH LANE	
City-St-Zip:	OKEECHOBEE, FL 34974	
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: TODD HASKELL S 05/08/2009
Electronic Signature of Signing Officer or Director — Date