2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# 706839

Entity Name: THE CHURCH OF CHRIST AT PORT ST. JOE, FLORIDA, INC.

Current Principal Place of Business:

20TH AND MARVIN ST
P.O. BOX 758
PORT ST JOE, FL 32456

New Principal Place of Business:

20TH AND MARVIN ST
741 20TH. ST.
PORT ST JOE, FL 32456

Current Mailing Address:

20TH AND MARVIN ST
P.O. BOX 758
PORT ST JOE, FL 32456

New Mailing Address:

FEI Number: 59-3392449 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOWINGTON, MICHAEL L
775 STEBEL DR.
WHITE CITY, FL 32465 US

Name and Address of New Registered Agent:

HOWINGTON, JAMES M
775 STEBEL DR.
WHITE CITY, FL 32465 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: JAMES M. HOWINGTON 03/24/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: TD ( ) Delete
Name: HOWINGTON, MICHAEL J
Address: 775 STEBEL DR.
City-St-Zip: WHITE CITY, FL 32465

Title: D ( ) Delete
Name: DOWNS, ROBIN
Address: 1421 PARKWAY DR
City-St-Zip: PANAMA CITY, FL 32404

Title: SD ( ) Delete
Name: TURNER, PEGGY
Address: 690 MADISON ST
City-St-Zip: PT ST JOE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change ( ) Addition
Name: HOWINGTON, JAMES M
Address: 775 STEBEL DR.
City-St-Zip: WHITE CITY, FL 32465

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: ROBIN DOWNS D 03/24/2009
Electronic Signature of Signing Officer or Director Date