2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 25, 2009
Secretary of State

DOCUMENT# 708781

Entity Name: ARLINGTON CHRISTIAN CHURCH, INC.

Current Principal Place of Business:

8075 LONE STAR ROAD
JACKSONVILLE, FL 32211

New Principal Place of Business:

Current Mailing Address:

8075 LONE STAR ROAD
JACKSONVILLE, FL 32211

New Mailing Address:

FEI Number: 59-1313399 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SANDIFER, EMORY H
13658 SHIPWATCH DRIVE
JACKSONVILLE, FL 32225 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:	ROLLINS, PEGGY	
Address:	1218 TOWNSEND BLVD	
City-St-Zip:	JACKSONVILLE, FL 322116054	
Title:	D	( ) Delete
Name:	VALENTINE, ALVA M	
Address:	8152 VERMANTH RD.	
City-St-Zip:	JACKSONVILLE, FL 32211	
Title:	D	( ) Delete
Name:	VALENTINE, CHARLES	
Address:	8152 VERMANTH ROAD	
City-St-Zip:	JACKSONVILLE, FL 32211	
Title:	S	( ) Delete
Name:	COX, MARY JEAN	
Address:	3930 GREEN HOLLOW DRIVE WEST	
City-St-Zip:	JACKSONVILLE, FL 322772615	
Title:	C	( ) Delete
Name:	COX, T T	
Address:	3230 GREEN HOLLOW DRIVE WEST	
City-St-Zip:	JACKSONVILLE, FL 322772615	
Title:	TD	( ) Delete
Name:	SANDIFER, EMORY H	
Address:	13658 SHIPWATCH DRIVE	
City-St-Zip:	JACKSONVILLE, FL 32225	

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
Name:	
Address:	
City-St-Zip:	
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: EMORY H. SANDIFER TD 06/25/2009

Electronic Signature of Signing Officer or Director — Date