

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 710728

FILED
Apr 22, 2009
Secretary of State

Entity Name: FIRST CHRISTIAN CHURCH OF AVON PARK, FLORIDA, INC.

Current Principal Place of Business:

1016 W. CAMPHOR STREET
AVON PARK, FL 33825

New Principal Place of Business:

Current Mailing Address:

1016 W. CAMPHOR STREET
AVON PARK, FL 33825

New Mailing Address:

FEI Number: 59-2515495 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROOKS, JAMES L
1543 BARBIL LANE
AVON PARK, FL 33825 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: T/D () Delete
Name: BROOKS, JAMES L
Address: 1543 BARBIL LANE
City-St-Zip: AVON PARK, FL 33825

Title: S () Delete
Name: JOHNS, TIM
Address: 55 WAINWRIGHT WAY
City-St-Zip: AVON PARK, FL 33825

Title: VC/D () Delete
Name: HERENDEEN, WARREN
Address: 326 PEABODY CIRCLE
City-St-Zip: AVON PARK, FL 33825

Title: AT/D () Delete
Name: HELMS, RICK
Address: 313 E CAMPHOR ST
City-St-Zip: AVON PARK, FL 33825

Title: CH/D () Delete
Name: CULPEPPER, RAY
Address: 2636 CAMDEN RD
City-St-Zip: AVON PARK, FL 33825

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VC/D (X) Change () Addition
Name: FOSKEY, ROB
Address: 1325 N RIVERDALE
City-St-Zip: AVON PARK, FL 33825

Title: AT/D (X) Change () Addition
Name: OVRE, ROBERT
Address: 4918 E LAFLAM RD
City-St-Zip: AVON PARK, FL 33825

Title: CH/D (X) Change () Addition
Name: HELMS, RICKY
Address: 313 E CAMPHOR ST
City-St-Zip: AVON PARK, FL 33825

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: JAMES L BROOKS

T/D

04/22/2009

Electronic Signature of Signing Officer or Director

_____ Date