2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2009
Secretary of State

DOCUMENT# 715344

Entity Name: LONGWOOD CHURCH OF CHRIST, INC.

Current Principal Place of Business:

1018 NO HWY 17/92
LONGWOOD, FL 32750 US

New Principal Place of Business:

Current Mailing Address:

2806 S. FRENCH AVENUE
SANFORD, FL 32773 US

New Mailing Address:

FEI Number: 59-2427617 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LARRY C. PATE
2806 S. FRENCH AVE.
SANFORD, FL 32773 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:	PTD	( ) Delete
Name:	PATE, LARRY C.	
Address:	2806 S. FRENCH AVE.	
City-St-Zip:	SANFORD, FL 32773	
Title:	VPD	( ) Delete
Name:	BUMBALOUGH, DENNIS H	
Address:	1160 CLARION CIR	
City-St-Zip:	DELTONA, FL 32738	
Title:	D	( ) Delete
Name:	WINKLE, TIMOTHY M	
Address:	4227 ROCKY RIDGE PLACE	
City-St-Zip:	SANFORD, FL 32773	
Title:	D	( ) Delete
Name:	SNYDER, THOMAS M	
Address:	209 SANDRA BLVD	
City-St-Zip:	SANFORD, FL 32773	
Title:	D	(X) Delete
Name:	MULLEN, KEITH A	
Address:	318 RIVIERA DR	
City-St-Zip:	DEBARY, FL 32713	
Title:	SD	( ) Delete
Name:	BENNETT, ROBERT B	
Address:	212 SANORA BLVD	
City-St-Zip:	SANFORD, FL 32773	

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: LARRY C. PATE PTD 02/28/2009

Electronic Signature of Signing Officer or Director — Date