

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 715500

FILED  
Jan 28, 2009  
Secretary of State

Entity Name: SOUTH LAKE WALES CHURCH OF GOD, INC.

**Current Principal Place of Business:**

210 PRESIDENTS DRIVE  
LAKE WALES, FL 33859

**New Principal Place of Business:**

**Current Mailing Address:**

210 PRESIDENTS DRIVE  
LAKE WALES, FL 33859

**New Mailing Address:**

FEI Number: 59-1571649

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NICHOLS, KEN  
1424 MORNINGSIDE DRIVE  
LAKE WALES, FL 33859 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: PARTINGTON, GERALD  
Address: 150 NORTH DR  
City-St-Zip: LAKE WALES, FL 33859

Title: P ( ) Delete  
Name: NICHOLS, KEN  
Address: 1424 MORNINGSIDE DR  
City-St-Zip: LAKE WALES, FL 33859

Title: VP ( ) Delete  
Name: METCELFE, WILLIAM  
Address: 510 CANAL DRIVE  
City-St-Zip: LAKE WALES, FL 33859

Title: D ( ) Delete  
Name: MEADOWS, DAWN  
Address: 4738 MACDONALD STREET  
City-St-Zip: LAKE WALES, FL 33859

Title: D ( ) Delete  
Name: BUEHNER, PAUL  
Address: 447 NORTH CROOKED LAKE DR  
City-St-Zip: BABSON PARK, FL 33827

Title: D ( ) Delete  
Name: DARR, STEVEN  
Address: 335 N LAKE CIR  
City-St-Zip: LAKE WALES, FL 33859

**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: KEN NICHOLS

P

01/28/2009

Electronic Signature of Signing Officer or Director

Date