

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716105

FILED
Mar 28, 2009
Secretary of State

Entity Name: LAKE ELLEN CHRISTIAN CHURCH INC.

Current Principal Place of Business:

3450 US HWY 17-92
CASSELBERRY, FL 32707

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 332
CASSELBERRY, FL 32707

New Mailing Address:

FEI Number: 23-7371398

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOODY, GENE
805 CAMELIA AVENUE
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

KNORR, JOE
300 SHEOAH BLVD
1009
WINTER SPRINGS, FL 32708 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: JOE KNORR

03/28/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DS () Delete
Name: KNORR, DEENA
Address: 818 WIL O' WIK DRIVE
City-St-Zip: CASSELBERRY, FL 32707

Title: DP () Delete
Name: MOODY, GENE
Address: 805 CAMELIA AVENUE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: T () Delete
Name: WORLEY, SANDRA
Address: 104 LOCHINVAR DRIVE
City-St-Zip: CASSELBERRY, FL 32730

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DP (X) Change () Addition
Name: KNORR, JOE
Address: 300 SHEOAH BLVD. # 1009
City-St-Zip: WINTER SPRINGS, FL 32708

Title: T (X) Change () Addition
Name: WORLEY, SANDRA
Address: 104 LOCHINVAR DRIVE
City-St-Zip: CASSELBERRY, FL 32730

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: SANDRA WORLEY

T

03/28/2009

Electronic Signature of Signing Officer or Director

Date