

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 717985

FILED
Apr 22, 2009
Secretary of State

Entity Name: THE CHURCH OF GOD WASHINGTON PARK, INC.

Current Principal Place of Business:

3621 WILTS STREET
ORLANDO, FL 32805

New Principal Place of Business:

Current Mailing Address:

3621 WILTS STREET
ORLANDO, FL 32805

New Mailing Address:

FEI Number: 59-6541502 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MCCORMICK, JOHN M
501 E CHURCH STREET
ORLANDO, FL 32801 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: PD () Delete
Name: HARDEMON, K P
Address: 3621 WILTS STREET
City-St-Zip: ORLANDO, FL

Title: TD () Delete
Name: ROGERS, JOE
Address: 3012 SEABROOKS AVENUE
City-St-Zip: ORLANDO, FL 32805

Title: VD () Delete
Name: HARDEMON, EARLIST
Address: 545 EARTHAN LANE
City-St-Zip: ORLANDO, FL

Title: TD () Delete
Name: WILLIAMS, ROBERT
Address: 9621 MCNORTON RD
City-St-Zip: ALTAMONTE SPRINGS, FL

Title: D () Delete
Name: HAROLD, HARDEMON
Address: 3506 FEKANY PLACE
City-St-Zip: ORLANDO, FL 32805

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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Name:
Address:
City-St-Zip:

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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: K.P. HARDEMON

PD

04/22/2009

Electronic Signature of Signing Officer or Director

_____ Date