2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#718929

FILED Jan 07, 2009 Secretary of State

Entity Name: THE CHURCH OF GOD IN CHRIST, CENTRAL FLORIDA JURISDICTION, INC.

Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
	BEAVER ST NVILLE, FL 32	254			
Current Mailing Address:			New Mailing Address:		
PO BOX [,] JACKSOI	12235 NVILLE, FL 32	209			
FEI Numbe	r: 74-8106975	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name an	d Address of	Current Registered Agent:	Name and Address	of New Registered Agent:	
1919 NAV	RUSHIE L BISH /AHO AVE. NVILLE, FL 32				
	e named entity te of Florida.	submits this statement for the p	ourpose of changing its register	ed office or registered agent, or both,	
SIGNATU	JRE:				
	Electro	nic Signature of Registered Age	ent	Date	
OFFICER	S AND DIREC	CTORS:	ADDITIONS/CHANG	GES TO OFFICERS AND DIRECTORS	
Title: Name: Address:	TD (HOLIDAY, THE POB 12444) Delete ERESA	ADDITIONS/CHANG Title: Name: Address: City-St-Zip:	GES TO OFFICERS AND DIRECTORS () Change () Addition	
Title: Name: Address: City-St-Zip: Title: Name: Address:	TD (HOLIDAY, THE POB 12444 JACKSONVILE VD (WILLIAMS, DE 7407 NW 21S) Delete ERESA LE, FL 32209) Delete ETROIT REV T COURT	Title: Name: Address:		
OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	TD (HOLIDAY, THE POB 12444 JACKSONVILE VD (WILLIAMS, DE 7407 NW 21S GAINESVILLE) Delete ERESA LE, FL 32209) Delete ETROIT REV T COURT , FL 32653) Delete IY REV	Title: Name: Address: City-St-Zip: Title: Name: Address:		
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: Address:	TD (HOLIDAY, THE POB 12444 JACKSONVILE VD (WILLIAMS, DE 7407 NW 21S GAINESVILLE SD (DAYS, JOHNN 3818 NE 14TH GAINESVILLE) Delete ERESA LE, FL 32209) Delete ETROIT REV T COURT , FL 32653) Delete IST. , FL 32609) Delete IE L BISHOP D AVE.	Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address:	() Change () Addition () Change () Addition	

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: THERESA HOLIDAY TD 01/07/2009