

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 719962

FILED  
Jan 26, 2009  
Secretary of State

Entity Name: EVANGELISTIC CENTRE, INC.

## Current Principal Place of Business:

101 1ST STREET SE  
FORT WALTON BEACH, FL 32548 US

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 1660  
FORT WALTON BEACH, FL 32549

## New Mailing Address:

FEI Number: 23-7453715

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BEILER S DAVID  
44 WAYNELL CIRCLE SE  
FT. WALTON BEACH, FL 32548 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: DS ( ) Delete  
Name: WAGERS, JIM  
Address: 106 LINCOLN DR #3  
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: T ( ) Delete  
Name: CRUZ, DEBRA  
Address: 504 RUSH PARK CIRCLE  
City-St-Zip: MARY ESTHER, FL 32569

Title: D ( ) Delete  
Name: NENNIG, CHARLES  
Address: 241 DESTIN DR  
City-St-Zip: MARY ESTHER, FL 32569

Title: P ( ) Delete  
Name: BEILER, S DAVID,  
Address: 44 WAYNELL CIR  
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: V ( ) Delete  
Name: HARP, JACK  
Address: 323 RACETRACK RD NW 3104  
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: D ( ) Delete  
Name: ANDERSON, KEVIN  
Address: 1855 STELLA LN APT 618  
City-St-Zip: FORT WALTON BEACH, FL 32548

## 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: DEBRA CRUZ

T

01/26/2009

Electronic Signature of Signing Officer or Director

Date