2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724497

FILED Apr 30, 2009 Secretary of State

Entity Name: THE CARPENTER'S HOME CHURCH, INC.

Current Pr	rincipal Place	of Business:	New Principal Place of	New Principal Place of Business:	
581 BERKL	-				
Current Ma	ailing Address	s:	New Mailing Address:		
P.O. BOX AUBURND	218)ALE, FL 33823	3 US			
FEI Number:	59-1140771	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of Co	urrent Registered Agent:	Name and Address of N	New Registered Agent:	
581 BERKL	GREGORY L LEY RD. DALE, FL 33823	3 US	SIMMONS, SHANE A 323 HEATHERPOINT DE LAKELAND, FL 33823	RIVE US	
The above in the State		ubmits this statement for the	purpose of changing its registered o	office or registered agent, or both,	
SIGNATUR	RE: SHANE A.	SIMMONS		04/30/2009	
	Electroni	c Signature of Registered A	gent	Date	
OFFICERS	S AND DIRECT	ORS:	ADDITIONS/CHANGES	TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	P () STRADER, KARI 581 BERKLEY R AUBURNDALE, F	RD.	Title: () Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	T () I GILLMAN, GREG 581 BERKLEY R AUBURNDALE, F	ROAD	Title: () Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	S () I GILLMAN, GREG 581 BERKLEY R AUBURNDALE, F	ROAD	Title: () Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	TR () TAYLOR, SAMM P.O. BOX 93011 LAKELAND, FL		Title: () Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	TR () JOHNSON, MALI 707 CARPENTEI LAKELAND, FL	RS WAY	Title: () Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	TR () I MORGAN, BARB 4948 JULIANA R AUBURNDALE, F	ESERVE DRIVE	Title: () Name: Address: City-St-Zip:) 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: SHANE A. SIMMONS DIR 04/30/2009