

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726729

FILED  
Apr 29, 2009  
Secretary of State

**Entity Name:** CHURCH OF GOD (SEVENTH DAY) OF CENTRAL FLORIDA, INC.

**Current Principal Place of Business:**

4745 BARBADOS LOOP  
CLERMONT, FL 34711 US

**New Principal Place of Business:**

**Current Mailing Address:**

ATTN: MACON STROUPE  
PO BOX 849  
HAINES CITY, FL 33845 US

**New Mailing Address:**

**FEI Number:** 59-1481495      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ITHAMAR HENRY  
14038 OCEAN PINE CIRCLE  
AVALON LAKES  
ORLANDO, FL 32828 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: STROUPE, MACON L PD  
Address: 1604 ROBINSON DRIVE  
City-St-Zip: HAINES CITY, FL 33844

Title: D ( ) Delete  
Name: THOMAS, MICHAEL D  
Address: 4778 PIEDMONT CT.  
City-St-Zip: ORLANDO, FL 32811

Title: SD ( ) Delete  
Name: NELSON, LAVERNE SD  
Address: 3985 ORKNEY AVE  
City-St-Zip: ORLANDO, FL 32809

Title: VD (X) Delete  
Name: HENRY, SHARON VD  
Address: 14038 OCEAN PINE CIRCLE, AVALON LAKES  
City-St-Zip: ORLANDO, FL 32828

Title: TD ( ) Delete  
Name: STROUPE, NILA G TD  
Address: 1604 ROBINSON DRIVE  
City-St-Zip: HAINES CITY, FL 33844

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition  
Name: HENRY, ITHAMAR M PRESIDE  
Address: 14038 OCEAN PINE CIR  
City-St-Zip: ORLANDO, FL 32828 US

Title: VP (X) Change ( ) Addition  
Name: FLOOD, DENNIS VP  
Address: 4633 LAVISTA DR.  
City-St-Zip: ORLANDO, FL 32808 US

Title: SECT (X) Change ( ) Addition  
Name: PHILLIP, SHANELL SECT.  
Address: 901 EMERALDA RD.  
City-St-Zip: ORLANDO, FL 32808 US

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

Title: TREA (X) Change ( ) Addition  
Name: LARGIE, ALORNA M TREASUR  
Address: 4745 BARBADOS LOOP  
City-St-Zip: CLERMONT, FL 34711 US

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: ITHAMAR HENRY

PRES

04/29/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date