

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728990

FILED  
Apr 23, 2009  
Secretary of State

**Entity Name:** THE SUPREME CHURCH OF CHRIST, INCORPORATED

**Current Principal Place of Business:**

RT. 2 BOX 70  
INTERLACHEN, FL 32148

**New Principal Place of Business:**

**Current Mailing Address:**

208 5TH WAY  
INTERLACHEN, FL 32148 US

**New Mailing Address:**

**FEI Number:** 05-0299100

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MCCRAY, BESSIE  
1011 OLIVER ST.  
PALATKA, FL 32077 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: CUBBAGE, (WILLIE T.)  
Address: RT 2 BOX 70  
City-St-Zip: INTERLACHEN, FL

Title: SD ( ) Delete  
Name: CUBBAGE, V.  
Address: RT 2 BOX 70  
City-St-Zip: INTERLACHEN, FL

Title: DV ( ) Delete  
Name: MCCRAY, J. H.  
Address: 1011 OLIVER ST.  
City-St-Zip: PALATKA, FL

Title: C ( ) Delete  
Name: WATSON, K. S.  
Address: 3162 NW 42 ST.  
City-St-Zip: MIAMI, FL

**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:

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: WILLIE T CUBBAGE

PRES

04/23/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date