

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729015

FILED
Apr 16, 2009
Secretary of State

Entity Name: FIRST PENTECOSTAL CHURCH OF WEWAHITCHKA, INC

Current Principal Place of Business:

619 SOUTH HIGHWAY 71
WEWAHITCHKA, FL 32465 US

New Principal Place of Business:

Current Mailing Address:

619 SOUTH HIGHWAY 71
P.O. BOX 967
WEWAHITCHKA, FL 32465 US

New Mailing Address:

619 SOUTH HIGHWAY 71
PO BOX 967
WEWAHITCHKA, FL 32465 US

FEI Number: 59-2302044

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ETHRIDGE, JOSEPH
619 SOUTH HWY 71
WEWAHITCHKA, FL 32465 US

Name and Address of New Registered Agent:

ETHRIDGE, JOSEPH V
619 SOUTH HWY 71
WEWAHITCHKA, FL 32465 US

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: JOSEPH V ETHRIDGE

04/16/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CHUMNEY, THOMAS M
Address: 282 KATE GLASS RD.
City-St-Zip: WEWAHITCHKA, FL 32465

Title: D () Delete
Name: BISHOP, JOHN
Address: 8787 STATE ROAD 71-S
City-St-Zip: BLOUNTSTOWN, FL 32424

Title: ST () Delete
Name: CHUMNEY, LINDA T
Address: 282 KATE GLASS ROAD
City-St-Zip: WEWAHITCHKA, FL 32465

Title: PD () Delete
Name: ETHRIDGE, JOSEPH V
Address: 619 S HWY 71
City-St-Zip: WEWAHITCHKA, FL 32465

Title: VP () Delete
Name: EHERIDGE, AARON
Address: 619 HWY 71 S
City-St-Zip: WEWAHITCHKA, FL 32465

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: VP (X) Change () Addition
Name: ETHRIDGE, AARON
Address: 619 HWY 71 S
City-St-Zip: WEWAHITCHKA, FL 32465

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: LINDA CHUMNEY

ST

04/16/2009

Electronic Signature of Signing Officer or Director

Date