

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731753

FILED
Mar 12, 2009
Secretary of State

Entity Name: BEACON COMMUNITY EVANGELICAL FREE CHURCH, INC.

Current Principal Place of Business:

9025 STAR TRAIL
NEW PORT RICHEY, FL 34654

New Principal Place of Business:

Current Mailing Address:

9025 STAR TRAIL
NEW PORT RICHEY, FL 34654

New Mailing Address:

FEI Number: 59-2078825

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOWNEY, EDWARD
12810 BOX DRIVE
HUDSON, FL 34667 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: D () Delete
Name: HUNDLEY, ROBERT
Address: 7575 CYPRESS KNOLL DR
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: MD () Delete
Name: JONES, PATRICK
Address: 12817 BANYAN ST
City-St-Zip: HUDSON, FL 34669

Title: D () Delete
Name: OHLING, SHAWN
Address: 8016 SYLVAN DR
City-St-Zip: HUDSON, FL 34667

Title: CD () Delete
Name: DOWNEY, EDWARD
Address: 12810 BOX DRIVE
City-St-Zip: HUDSON, FL 34667

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: PATRICK JONES

MD

03/12/2009

Electronic Signature of Signing Officer or Director

Date