

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 734211

**FILED**  
**Jan 28, 2010**  
**Secretary of State**

**Entity Name:** CLASSIS OF FLORIDA, REFORMED CHURCH IN AMERICA, INC.

**Current Principal Place of Business:**

C/O JILL M. SAS, TREASURER  
3631 BONNIE DRIVE  
APOPKA, FL 32703 US

**New Principal Place of Business:**

C/O DEBRA L. KRISE, TREASURER  
2544 DOVETAIL DRIVE  
OCOE, FL 34761 US

**Current Mailing Address:**

C/O JILL M. SAS, TREASURER  
3631 BONNIE DRIVE  
APOPKA, FL 32703 US

**New Mailing Address:**

C/O DEBRA L. KRISE, TREASURER  
2544 DOVETAIL DRIVE  
OCOE, FL 34761 US

**FEI Number:** 59-1641177

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SAS, JILL M  
3631 BONNIE DRIVE  
APOPKA, FL 32703 US

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

KRISE, DEBRA L  
2544 DOVETAIL DRIVE  
OCOE, FL 34761 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: DEBRA L. KRISE

01/28/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: CLRK  
Name: PORTER, KAREN DAY  
Address: 10525 DECENT LANE  
City-St-Zip: HUDSON, FL 34667

Title: TREA  
Name: KRISE, DEBRA L  
Address: 2544 DOVETAIL DRIVE  
City-St-Zip: OCOE, FL 34761

I hereby 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 all other like empowered.

SIGNATURE: DEBRA L. KRISE

TREA

01/28/2010

Electronic Signature of Signing Officer or Director

Date