2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2009
Secretary of State

DOCUMENT# 735462

Entity Name: GREEN COVE SPRINGS CHURCH OF CHRIST, INC.

Current Principal Place of Business:

479 HOUSTON ST.
GREEN COVE SPRG, FL 32043

New Principal Place of Business:

Current Mailing Address:

479 HOUSTON ST.
GREEN COVE SPRG, FL 32043

New Mailing Address:

FEI Number: 59-2969285 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MALLARD, EDWARD W III
479 HOUSTON STREET
GREEN COVE SPRINGS, FL 32043 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:	SOHM, DONALD A	
Address:	3328 OAK LANE	
City-St-Zip:	GREEN COVE SPRINGS, FL 32043	
Title:	D	( ) Delete
Name:	IRELAND, BILL	
Address:	3499 QUAIL ROOST LANE	
City-St-Zip:	MIDDLEBURG, FL 32068	
Title:	D	( ) Delete
Name:	DAVIS, JAMES	
Address:	1394 BOW LANE	
City-St-Zip:	ORANGE PARK, FL 32003	
Title:	S	( ) Delete
Name:	MCELDOWNEY, CLAUDE	
Address:	2916 BRIARPATCH PL	
City-St-Zip:	GREEN COVE SPRGS, FL 32043	
Title:	D	( ) Delete
Name:	TENNANT, RANDY P	
Address:	1747 CINNAMON DRIVE	
City-St-Zip:	ORANGE PARK, FL 32073	
Title:	D	( ) Delete
Name:	LOWE, ROBERT C III	
Address:	4688 GOPHER STREET	
City-St-Zip:	MIDDLEBURG, FL 32068	

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:	( ) 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: DON SOHM PD 01/11/2009

Electronic Signature of Signing Officer or Director — Date