

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741312

FILED
May 03, 2009
Secretary of State

Entity Name: STUART CHURCH OF CHRIST, INC.

Current Principal Place of Business:

500 PALM BCH RAOD
STUART, FL 34994

New Principal Place of Business:

500 PALM BCH ROAD
STUART, FL 34994

Current Mailing Address:

P O BOX 164
STUART, FL 34995

New Mailing Address:

500 PALM BCH ROAD
STUART, FL 34994

FEI Number: 59-2349638 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LACONTE, PATRICK
3933 SE FAIRWAY EAST
STUART, FL 34997 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: VST () Delete
Name: BARNES, GENE
Address: 1913 NE OCEAN BLVD.
City-St-Zip: STUART, FL 34996

Title: D () Delete
Name: LEONARD, WILLIE
Address: 2732 SE RAWLINGS RD
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: D () Delete
Name: HICKS, CHARLES
Address: 2122 SW MADRUGA ST
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: P () Delete
Name: MOODY, AUSTIN G
Address: 461 SE SOUTHWOOD TRAIL
City-St-Zip: STUART, FL 34997

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: GENE BARNES

VST

05/03/2009

Electronic Signature of Signing Officer or Director

_____ Date