

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745651

FILED
Apr 17, 2009
Secretary of State

Entity Name: THE CHURCH OF JESUS CHRIST OF CROSS CITY, FLORIDA, INC.

Current Principal Place of Business:

LESTER OSTEEN
BOX 1013
CROSS CITY, FL 326288359

New Principal Place of Business:

Current Mailing Address:

WAYNE D. JONES
16 SE 868 STREET
OLD TOWN, FL 32680

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

OSTEEN, LESTER
19 SE 30TH AVENUE
CROSS CITY, FL 32628 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: CD () Delete
Name: JONES, SHEILA J
Address: 16 SE 868 STREET
City-St-Zip: OLD TOWN, FL 32680

Title: PD () Delete
Name: OSTEEN, LESTER
Address: 19 SE 30TH AVENUE
City-St-Zip: CROSS CITY, FL 32628

Title: CS () Delete
Name: OSTEEN, SHERRY
Address: 19 SE 30TH AVENUE
City-St-Zip: CROSS CITY, FL 32628

Title: CD () Delete
Name: JONES, WAYNE D
Address: 16 SE 868 STREET
City-St-Zip: OLD TOWN, FL 32680

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: LESTER OSTEEN

PD

04/17/2009

Electronic Signature of Signing Officer or Director

Date