2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#761978

FILED Apr 17, 2008 Secretary of State

Entity Name: MISSIONARY CHURCH FLORIDA DISTRICT INC.

Current Principal Place of Business: New Principal Place of Business:

<UNUSED> 3005 NEW LIFE WAY
ALTAMONTE SPRINGS, FL 32701 SEBRING, FL 33872

Current Mailing Address: New Mailing Address:

304 MONTICELLO DRIVE
ALTAMONTE SPRINGS, FL 32701
BOX 32
SEBRING, FL 33870

FEI Number: 31-1018785 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

STROTHER, MAX

304 MONTICELLO DRIVE

ALTAMONTE SPRINGS, FL 32701 US

BRUCE A LINHART

1723 HOMESTEAD ST

SEBRING, FL 33870 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: BRUCE A LINHART 04/17/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DC () Delete Title: DC (X) Change () Addition Name: STROTHER, MAX W D Name: LINHART, BRUCE A

Address: 304 MONTICELLO DR Address: 1723 HOMESTEAD ST City-St-Zip: ALTAMONTE SPRINGS, FL 32701 City-St-Zip: SEBRING, FL 33870

(X) Change () Addition Title: () Delete Title: LINHART, BRUCE D Name: NELSON, MARK D Name: Address: 1723 HOMESTEAD Address: 2249 COUPLES DRIVE City-St-Zip: SEBRING, FL 33870 City-St-Zip: LAKELAND, FL 33813

Title: S () Delete Title: S (X) Change () Addition

Name:CATE, GLENNName:HUNT, DUANEAddress:405 MERYDITH WAY SOUTHAddress:133 RUBY LAKE DRIVE

City-St-Zip: SAINT PETERSBURG, FL 33707 City-St-Zip: WINTER HAVEN, FL 33884

Title: T () Delete Title: () Change () Addition
Name: HUNT, JONATHAN T Name:

 Name:
 HUNT, JONATHAN T
 Name:

 Address:
 559 TERRANOVA CIRCLE
 Address:

 City-St-Zip:
 WINTER HAVEN, FL 33884
 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: BRUCE A LINHART RADC 04/17/2008