

**2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Jun 28, 2010**  
**Secretary of State**

DOCUMENT# 763408

**Entity Name:** TORCH - SOUTH WORSHIP CENTER, INC.**Current Principal Place of Business:**4175 SE COVE RD  
STUART, FL 34997 US**New Principal Place of Business:****Current Mailing Address:**4175 SE COVE RD  
STUART, FL 34997 US**New Mailing Address:**

FEI Number: 27-0978740

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**BAJIS, DIANNIA  
8061 SE SHILOH TERR  
HOBE SOUND, FL 33455 US**Name and Address of New Registered Agent:**CRAWFORD, BRYAN H  
12663 SE OLD CYPRESS DR.  
HOBE SOUND, FL 33455 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: BRYAN CRAWFORD

06/28/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**Title: PD  
Name: CLARK, JOHN S  
Address: 2417 SE HARRISON ST.  
City-St-Zip: STUART, FL 34997 USTitle: VD  
Name: JACOBS, VAN  
Address: 5689 SE LAMAY DR.  
City-St-Zip: STUART, FL 34997 USTitle: TD  
Name: JACOBS, JENNIFER  
Address: 5689 SE LAMAY DR.  
City-St-Zip: STUART, FL 34997 USTitle: SD  
Name: WILLIAMSON, BILL  
Address: 834 NW SPRUCE RIDGE DR.  
City-St-Zip: STUART, FL 34994

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: BRYAN CRAWFORD

RA

06/28/2010

Electronic Signature of Signing Officer or Director

Date