

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763812

FILED
Apr 26, 2009
Secretary of State

Entity Name: GLEN ST. MARY FRIENDSHIP HOLINESS TABERNACLE CHURCH, INC.

Current Principal Place of Business:

LE CHURCH, INC.
CLINTON AV PO BOX 451
GLEN ST MARY, FL 32040

New Principal Place of Business:

LE CHURCH, INC.
10042 N. CLINTON AVE.
GLEN ST MARY, FL 32040

Current Mailing Address:

LE CHURCH, INC.
CLINTON AV PO BOX 451
GLEN ST MARY, FL 32040

New Mailing Address:

LE CHURCH, INC.
PO BOX 451
GLEN ST MARY, FL 32040

FEI Number: 59-2313695

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KIRKLAND, GRANVEL S.
ONE MACCLENNEY AVE.
MACCLENNEY, FL 32063 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: STARLING, ALBERT
Address: BOX 35 N/A
City-St-Zip: GLEN ST. MARY, FL

Title: STD () Delete
Name: STARLING, DONNA
Address: P.O. BOX 684
City-St-Zip: GLEN ST MARY, FL

Title: D () Delete
Name: WILLIAM, LONG
Address: PO BOX 1511
City-St-Zip: GLEN SAINT MARY, FL 32040

Title: D () Delete
Name: BRANTLY, DONALD
Address: PO BOX 296
City-St-Zip: MACCLENNEY, FL 32063

Title: D () Delete
Name: TYRE, GENE
Address: 14410 CLARENCE DOBBS ROAD
City-St-Zip: GLEN SAINT MARY, FL 32040

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: D (X) Change () Addition
Name: BRANTLEY, DONALD
Address: PO BOX 296
City-St-Zip: MACCLENNEY, FL 32063

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: ALBERT STARLING

PD

04/26/2009

Electronic Signature of Signing Officer or Director

Date