

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768328

FILED
Feb 24, 2009
Secretary of State

Entity Name: HOLY CROSS METROPOLITAN COMMUNITY CHURCH INC.

Current Principal Place of Business:

3130 W. FAIRFIELD AVE
PENSACOLA, FL 32505 US

New Principal Place of Business:

Current Mailing Address:

3130 W. FAIRFIELD AVE
PENSACOLA, FL 32505 US

New Mailing Address:

FEI Number: 58-1588096

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BISHOP, JOSEPH
7396 OLD MAGNOLIA CT
NAVARRE, FL 32566 US

Name and Address of New Registered Agent:

LEAKE, KEVIN
609 W. SUNSET AVE.
PENSACOLA, FL 32507 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: KEVIN LEAKE

02/24/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: O'STEEN, SANDY
Address: 2608 W JORDAN ST
City-St-Zip: PENSACOLA, FL 32505

Title: TD () Delete
Name: PARTRIDGE, JOE
Address: 5420 FLINTWOOD CIRCLE
City-St-Zip: PENSACOLA, FL 32504

Title: S/D () Delete
Name: BISHOP, JOSEPH
Address: 7396 OLD MAGNOLIA CT.
City-St-Zip: NAVARRE, FL 32566

Title: V/D () Delete
Name: MORGAN, JES
Address: 2044 CORAL CREEK DR.
City-St-Zip: PENSACOLA, FL 32506

Title: D () Delete
Name: WILLIAMS, DENISE
Address: 1119 PARK AVE.
City-St-Zip: GULF BREEZE, FL 32561

Title: D () Delete
Name: FEATHERSTONE, MELISSA
Address: 1221 LA PAZ ST
City-St-Zip: PENSACOLA, FL 32506

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S/D (X) Change () Addition
Name: LIEB, PAT
Address: P.O. BOX 2347
City-St-Zip: ROBERTSDALE, AL 36567

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: CUNNINGHAM, G. TODD
Address: 1112 SIGNAL HILL LN.
City-St-Zip: PENSACOLA, FL 32514

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: SANDY O'STEEN

PD

02/24/2009

Electronic Signature of Signing Officer or Director

Date