2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#837697

Apr 30, 2009 Secretary of State

Entity Name: REGGIE KILLOUGH'S CHRIST TEAM, INC. **Current Principal Place of Business: New Principal Place of Business:** DAYTONA BEACH, FL 32117 LIS **Current Mailing Address: New Mailing Address:** P O BOX 265010 DAYTONA BEACH, FL 321265010 US FEI Number: 56-0990367 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: KILLOUGH, REGINALD A REV. 89 S. ATLANTIC BLVD. #1402 ORMOND BEACH, FL 32176 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition KILLOUGH, REGINALD A REV. Name: Name: 89 S. ATLANTIC BLVD. #1402 Address: Address: City-St-Zip: ORMOND BEACH, FL 32176 City-St-Zip: Title: () Delete Title: VPD (X) Change () Addition Name: RANEW, DAVID Name: RANEW, DAVID Address: 320 JEFFERSON ST. Address: 5340 GEORGIA PEACH AVE. City-St-Zip: PORT ORANGE, FL City-St-Zip: PORT ORANGE, FL 32128 Title: () Delete Title: ASED (X) Change () Addition KILLOUGH, SHIRLEY DRYE, TROY Name: Name: Address: 89 S. ATLANTIC BLVD. #1402 Address: 140 HEDGE DRIVE City-St-Zip: ORMOND BEACH, FL 32176 City-St-Zip: MARION, NC 28752 Title: SECD () Delete Title: () Change () Addition Name: HENCKEN, KEVIN Name: Address: 1115 CARMEN AVE. Address: City-St-Zip: DAYTONA BEACH, FL 32117 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: REV. REGINALD A KILLOUGH **PRES** 04/30/2009