

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 838792

FILED
Apr 22, 2009
Secretary of State

Entity Name: GUIDEPOSTS A CHURCH CORPORATION

Current Principal Place of Business:

39 SEMINARY HILL ROAD
CARMEL, NY 10512

New Principal Place of Business:

Current Mailing Address:

39 SEMINARY HILL ROAD
CARMEL, NY 10512

New Mailing Address:

FEI Number: 23-7442277

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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: DP () Delete
Name: HOPPLE, RICHARD
Address: 453 LAUREL RD
City-St-Zip: NEW CANAAN, CT 06840

Title: C () Delete
Name: ALLEN, ELIZABETH
Address: 665 QUAKER HILL ROAD
City-St-Zip: PAWLING, NY 12564

Title: VP () Delete
Name: TEITLER, DAVID
Address: 89 FLINT ROCK ROAD
City-St-Zip: STAMFORD, CT 06903

Title: S () Delete
Name: BECK, CONNIE K
Address: 35 GUION STREET
City-St-Zip: PLEASANTVILLE, NY 10570

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: C (X) Change () Addition
Name: ALLEN, ELIZABETH
Address: 665 QUAKER HILL ROAD
City-St-Zip: PAWLING, NY 12564

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

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: MARIE KIRK

MS.

04/22/2009

Electronic Signature of Signing Officer or Director

Date