## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F02000004687

Entity Name: CHURCH WORLD SERVICE, INC.

FILED Apr 16, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 28606 PHILLIPS ST. ELKHART, IN 46514 **Current Mailing Address: New Mailing Address:** P.O. BOX 968 ELKHART, IN 46515 FEI Number: 13-4080201 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: SLATTERY, BRENDAN G 2750 OLD ST. AUGUSTINE RD., N145 TALLAHASSEE, FL 32301 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: () Change () Addition () Delete MCCULLOUGH, JOHN L Name: Name: 475 RIVERSIDE DR., STE. 700 Address: Address: City-St-Zip: NEW YORK, NY 10115 City-St-Zip: Title: VC Title: ( ) Delete () Change () Addition Name: RENDALL, JOANNE Name: Address: P.O. BOX 968 Address: City-St-Zip: ELKHART, IN 46515 City-St-Zip: Title: Title: (X) Change ( ) Addition ( ) Delete ITTY, JOHNCY Name: ITTY, JOHNCY Name: Address: 3838 FAIRHAVEN DRIVE Address: 10 AVALON ROAD City-St-Zip: WEST LINN, OR 97068 City-St-Zip: GARDEN CITY, NY 11530 Title: ( ) Delete Title: () Change () Addition Name: RIGGS, JENNIFER Name: Address: P.O. BOX 1986 Address: City-St-Zip: INDIANAPOLIS, IN 46206 City-St-Zip: Title: () Delete Title: () Change () Addition HAWKINS, JIMMIE Name: Name: 2620 WEAVER STREET Address: Address: City-St-Zip: DURHAM, NC 27701 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition BASS, DEBORAH E PATERAKIS, JOHN Name: Name: Address: 475 RIVERSIDE DRIVE, STE 300 Address: 200 EAST 24TH STREET, SUITE 1203 NEW YORK, NY 10115 NEW YORK, NY 10010 City-St-Zip: 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: JOANNE RENDALL VC 04/16/2009