

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000004704

FILED
Jan 05, 2009
Secretary of State

Entity Name: CHURCH COMMUNITIES FOUNDATION INC.

Current Principal Place of Business:

2032 ROUTE 213
RIFTON, NY 12471

New Principal Place of Business:

Current Mailing Address:

2032 ROUTE 213
RIFTON, NY 12471

New Mailing Address:

FEI Number: 23-7125379

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INCORPORATING SERVICES, LTD.
1540 GLENWAY DRIVE
TALLAHASSEE, FL 32301 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: WINTER, IAN
Address: 10 HELLBROOK LANE
City-St-Zip: ULSTER PARK, NY 12487

Title: VD () Delete
Name: HULEATT, JOHANN
Address: 2032 ROUTE 213
City-St-Zip: RIFTON, NY 12471

Title: VD () Delete
Name: VANDERHOOF, MAHLON
Address: 151 BOWNE DRIVE
City-St-Zip: WALDEN, NY 12586

Title: D () Delete
Name: HOFER, DOROTHY
Address: 2032 ROUTE 213
City-St-Zip: RIFTON, NY 12471

Title: D () Delete
Name: WISER, WILLIAM
Address: 359 GIBSON HILL ROAD
City-St-Zip: CHESTER, NY 10918

Title: V () Delete
Name: STANAWAY, GARY
Address: 100 SPRING VALLEY ROAD
City-St-Zip: FARMINGTON, PA 15437

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: DS (X) Change () Addition
Name: HOFER, DOROTHY
Address: 2032 ROUTE 213
City-St-Zip: RIFTON, NY 12471

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: DOROTHY HOFER

S

01/05/2009

Electronic Signature of Signing Officer or Director

Date