2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0000001244

FILED Feb 10, 2009 Secretary of State

Entity Name: LAND O'LAKES BIBLE CHAPEL, INC.

Current Principal Place of Business: New Principal Place of Business: 3116 GULFWIND DR. LAND O'LAKES, FL 34639 **Current Mailing Address: New Mailing Address:** 3116 GULFWIND DR LAND O'LAKES, FL 34639

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DUNLAP, DAVID 3116 GULFWIND DR. LAND O'LAKES, FL 34639 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

Certificate of Status Desired ()

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Change () Addition () Delete DUNLAP, DAVID Name: Name: Address: 3116 GULFWIND DR. Address:

City-St-Zip: LAND O'LAKES, FL 34639 City-St-Zip:

Title: VD () Delete Title: VD (X) Change () Addition Name: PILGRIM, ANTHONY Name: FERRERA, MARK

Address: 17509 EDWIN TERR Address: 2503 AYERS HILL COURT City-St-Zip: HUDSON, FL 34667 City-St-Zip: LUTZ, FL 33549

Title: () Delete Title: () Change () Addition

CHAMBERS, JUDITH Name: Name: 19737 PRINCE BLVD Address: Address: City-St-Zip: LUTZ. FL 33549 City-St-Zip:

Title: SD () Delete Title: SD (X) Change () Addition

Name: FERRERA, MARK Name: BISHOP, ERVIN Address: 2503 AYERS HILL COURT Address: 22843 HALE ROAD City-St-Zip: LUTZ, FL 33549 City-St-Zip: LAND O LAKES, FL 34639

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: DAVID DUNLAP PD 02/10/2009