

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001271

FILED
Feb 15, 2009
Secretary of State

Entity Name: ST. CHRISTOPHER'S FAITH COMMUNITY, INC.

Current Principal Place of Business:

743 PLANTATION DRIVE
TITUSVILLE, FL 32780

New Principal Place of Business:

Current Mailing Address:

743 PLANTATION DRIVE
TITUSVILLE, FL 32780

New Mailing Address:

789 PLANTATION DRIVE
TITUSVILLE, FL 32780

FEI Number: 59-3692682

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GALLAGHER, REV MICHAEL J
743 PLANTATION DRIVE
TITUSVILLE, FL 32780 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: TD () Delete
Name: SEAMAN, GRANT R
Address: 789 PLANTATION DR.
City-St-Zip: TITUSVILLE, FL 32780

Title: D () Delete
Name: IERADI, LIILLIAN
Address: 525 FARWAYS
City-St-Zip: TITUSVILLE, FL 32780

Title: D () Delete
Name: IERADI, FRANK
Address: 525 FAIRWAYS
City-St-Zip: TITUSVILLE, FL 32780

Title: D () Delete
Name: GALLAGHER, REV MICHAEL J
Address: 743 PLANTATION DRIVE
City-St-Zip: TITUSVILLE, FL 32780

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: () 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: GRANT R. SEAMAN

TD

02/15/2009

Electronic Signature of Signing Officer or Director

Date