

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005979

FILED  
Jan 09, 2009  
Secretary of State

**Entity Name:** COMMUNITY MEMORIAL CHURCH, INCORPORATED

**Current Principal Place of Business:**

915 SOUTH DAYTONA AVE  
FLAGLER BEACH, FL 32136

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1512  
FLAGLER BEACH, FL 32136

**New Mailing Address:**

**FEI Number:** 59-3460187

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ELIAS, WILLIAM P PRES.  
707 N. CHAPEL ST.  
BUNNELL, FL 32110 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: P/PD ( ) Delete  
Name: ELIAS, WILLIAM P REV.  
Address: 787 N. CHAPEL ST.  
City-St-Zip: BUNNELL, FL 32110

Title: CLER ( ) Delete  
Name: NEWTON, JANET MRS.  
Address: 8 SYCAMORE ST  
City-St-Zip: FLAGLER BEACH, FL 32136

Title: VP ( ) Delete  
Name: SMITH, CRAIG MR  
Address: 2 A SUNSET BLVD.  
City-St-Zip: ORMOND BEACH, FL 32176

Title: TREA ( ) Delete  
Name: SMITH, ALICE  
Address: 50 WHITE FEATHER LANE  
City-St-Zip: FLAGLER BEACH, FL 32136

Title: DEA ( ) Delete  
Name: FIELDS, RICHARD MR.  
Address: 52 OSPREY CIRCLE  
City-St-Zip: PALM COAST, FL 32137

Title: .DEA ( ) Delete  
Name: FIELDS, RICHARD MR.  
Address: 52 OSPREY CIRCLE  
City-St-Zip: PALM COAST, FL 32137

**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:

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

Title: .DEA (X) Change ( ) Addition  
Name: FERRY, WILLIAM MR.  
Address: 2250 OLD MOODY BLVD.  
City-St-Zip: BUNNELL, FL 32100

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: WILLIAM P. ELIAS

REV.

01/09/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date