2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0100000308

FILED Mar 23, 2009 Secretary of State

Entity Name: STARKE, CHURCH OF GOD BY FAITH, INC.

Current Principal Place of Business: New Principal Place of Business: 730 OLD LAWTEY RD STARKE, FL 32091 **Current Mailing Address: New Mailing Address:** P.O. BOX 101 STARKE, FL 32091 FEI Number: 59-3702169 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MCKNIGHT, JAMES E JR 2514 N.E. 65TH TERRACE GAINESVILLE, FL 32609 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete MCNIGHT, JR., JAMES Name: Name: 2514 NE 65 TERRACE Address: Address: City-St-Zip: GAINESVILLE, FL 32609 City-St-Zip: Title: () Delete Title: () Change () Addition BRANTON, JACKIE Name: Name: Address: 1029 PINEBREEZE ST. Address: City-St-Zip: STARKE, FL 32091 City-St-Zip: Title: () Delete Title: () Change () Addition MITCHELL, WALTER Name: Name: 750 GLENDALE STREET Address: Address: City-St-Zip: STARKE, FL 32091 City-St-Zip: () Delete Title: Title: () Change () Addition HANKERSON, ROBERT Name: Name: 17997 NW 59TH AVE. Address: Address: City-St-Zip: STARKE, FL 32091 City-St-Zip: Title: Title: () Delete () Change () Addition SLOCUM, THERESA E Name: Name: 714 COLLEY RD Address: Address: City-St-Zip: STARKE, FL 32091 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: JACKIE BRANTON TS 03/23/2009