

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002587

FILED
Mar 26, 2009
Secretary of State

Entity Name: CHRISTIAN WORSHIP CENTER OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

929 COUTY ROAD 468
LEESBURG, FL 34748

New Principal Place of Business:

Current Mailing Address:

929 COUNTY ROAD 468
LEESBURG, FL 34748

New Mailing Address:

FEI Number: 59-3720521

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHRISTIAN, JOHN H II
903 COUNTY ROAD 468
LEESBURG, FL 34748 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: CHRISTIAN, JOHN H
Address: 903 COUNTY ROAD 468
City-St-Zip: LEESBURG, FL 34748

Title: SD () Delete
Name: POITIER-CHRISTIAN, CONSTANCE
Address: 903 COUNTY ROAD 468
City-St-Zip: LEESBURG, FL 34748

Title: D () Delete
Name: SIMMONS, LORRIE
Address: 929 COUNTY ROAD 468
City-St-Zip: LEESBURG, FL 34748

Title: D () Delete
Name: ANDERSON, JAMES
Address: 929 COUNTY ROAD 468
City-St-Zip: LEESBURG, FL 34748

Title: D () Delete
Name: KELLY, DAVETTA P MRS
Address: 929 COUNTY ROAD 468
City-St-Zip: LEESBURG, FL 34748 US

Title: T () Delete
Name: ROCKER, BERNETTA MS
Address: 929 COUNTY ROAD 468
City-St-Zip: LEESBURG, FL 34748 US

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
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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: JOHN CHRISTIAN

PD

03/26/2009

Electronic Signature of Signing Officer or Director

Date