2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2009
Secretary of State

DOCUMENT# N01000005719

Entity Name: THE BLOOD BOUGHT CHURCH OF GOD, INC.

Current Principal Place of Business:

807 DELLENA LN
FORT MYERS, FL 33905

New Principal Place of Business:

Current Mailing Address:

807 DELLENA LN
FORT MYERS, FL 33905

New Mailing Address:

FEI Number: 30-0054399 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HINDS, FRANK
807 DELLENA LN
FORT MYERS, FL 33905 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: DST ( ) Delete
Name: HINDS, JANIA J
Address: 807 DELLENA LANE
City-St-Zip: FORT MYERS, FL 33905

Title: D ( ) Delete
Name: DIXON, CHARLENE
Address: 6263 DEMERY CIRCLE
City-St-Zip: FORT MYERS, FL 33916

Title: D ( ) Delete
Name: DAVIS, JERRY
Address: 835 SEAURCHCIN CIRCLE
City-St-Zip: FORT MYERS, FL 33913

Title: PD ( ) Delete
Name: HINDS, FRANK J
Address: 807 DELLENA LANE
City-St-Zip: FORT MYERS, FL 33905

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DST (X) Change ( ) Addition
Name: HINDS, TANIA J
Address: 807 DELLENA LANE
City-St-Zip: FORT MYERS, FL 33905

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: FRANK J. HINDS PD 01/26/2009

Electronic Signature of Signing Officer or Director — Date