2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N01000008858

Entity Name: JOINT HEIRS CHRISTIAN CENTER CHURCH, INC.

Current Principal Place of Business:

590 RINEHART ROAD, #3
LAKE MARY, FL 32746

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 953503
LAKE MARY, FL 327953503

New Mailing Address:

FEI Number: 59-3706689 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ADAMS, PRESTON JR
8092 CANYON LAKE CIRCLE
ORLANDO, FL 32835 US

Name and Address of New Registered Agent:

ADAMS, PRESTON DR
8092 CANYON LAKE CIRCLE
ORLANDO, FL 32835 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: DR, PRESTON ADAMS 04/30/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title:	VD	( ) Delete
Name:	TAYLOR, RAYMOND	
Address:	2441 CRAWFORD DR	
City-St-Zip:	SANFORD, FL 32771	
Title:	TD	( ) Delete
Name:	EVANS, HORTENSE DR	
Address:	1805 CHERRY RIDGE DRIVE	
City-St-Zip:	HEATHROW, FL 32746	
Title:	D	( ) Delete
Name:	JACKSON, JOYCE	
Address:	1133 EAST 7TH AVE.	
City-St-Zip:	SANFORD, FL 32771	
Title:	PCD	( ) Delete
Name:	ADAMS, PRESTON JR.	
Address:	8092 CANYON LAKE CIRCLE	
City-St-Zip:	ORLANDO, FL 32835	
Title:	D	( ) Delete
Name:	FISHER, INEZ	
Address:	678 GOODRICH DR.	
City-St-Zip:	DELTONA, FL 32838	
Title:	D	(X) Delete
Name:	WEBSTER, JOYCE	
Address:	684 RALEIGH COURT	
City-St-Zip:	DELTONA, FL 32738	

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:	PCD	(X) Change ( ) Addition
Name:	ADAMS, PRESTON DR	
Address:	8092 CANYON LAKE CIRCLE	
City-St-Zip:	ORLANDO, FL 32835	
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: DR. PRESTON ADAMS PCD 04/30/2009
Electronic Signature of Signing Officer or Director Date