

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003124

FILED  
Mar 10, 2008  
Secretary of State

Entity Name: JUDAH CHRISTIAN CENTER, INC.

## Current Principal Place of Business:

10960 ORANGE RIVER BOULEVARD  
FORT MYERS, FL 33905

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 50368  
FORT MYERS, FL 33994

## New Mailing Address:

10960 ORANGE RIVER BOULEVARD  
FORT MYERS, FL 33905

FEI Number: 03-0429906

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CECIL, RICHARD A  
10960 ORANGE RIVER BOULEVARD  
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: PD ( ) Delete  
Name: CECIL, RICHARD A  
Address: 4480 STALEY RD.  
City-St-Zip: FORT MYERS, FL 33905

Title: TR ( ) Delete  
Name: PIGGOTT, GENE J  
Address: 212 HAMILTON AVE.  
City-St-Zip: LEHIGH, FL 33972

Title: TR ( ) Delete  
Name: KIRKLAND, JIMMY  
Address: 36980 WHISPERING PINE RD.  
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: TR ( ) Delete  
Name: SIKES, DANIEL  
Address: PO BOX 807  
City-St-Zip: KINGSLAND, GA 31548

Title: TR ( ) Delete  
Name: HODGES, DAVID  
Address: 2313 ANDROS AVE  
City-St-Zip: FORT MYERS, FL 33905

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TR (X) Change ( ) Addition  
Name: LUSK, DAVE L  
Address: 6537 WILLOW LAKE CIRCLE  
City-St-Zip: FORT MYERS, FL 33966

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: RICHARD A. CECIL

PD

03/10/2008

Electronic Signature of Signing Officer or Director

Date