

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009470

Entity Name: CHURCH ON WHEELS, INC.

FILED
Apr 22, 2009
Secretary of State

Current Principal Place of Business:

1201 NORTH P ST.
PENSACOLA, FL 32505

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 17453
PENSACOLA, FL 32522

New Mailing Address:

FEI Number: 65-1170307

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ERINKITOLA, MARTHA M
1513 MARTIN LUTHER KING DR
PENSACOLA, FL 32501 US

Name and Address of New Registered Agent:

ERINKITOLA, MARTHA M
2109 W. BRAINERD ST.
PENSACOLA, FL 32505 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:

04/22/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: SUNDAY, RAYMOND REV.
Address: 1525 ENFINGER RD.
City-St-Zip: PENSACOLA, FL 32591

Title: D () Delete
Name: ERINKITOLA, MARTHA M
Address: 1513 MARTIN LUTHER KING DR
City-St-Zip: PENSACOLA, FL 32503

Title: S () Delete
Name: WILSON, PAM
Address: 10535 GULF BCH HWY
City-St-Zip: PENSACOLA, FL 32507

Title: TD () Delete
Name: WILSON, BOBBY MR.
Address: 10535 GULF BEACH HIGHWAY
City-St-Zip: PENSACOLA, FL 32507

Title: CPN () Delete
Name: JAMES, JOYCE
Address: 1513 MLK DR
City-St-Zip: PENSACOLA, FL 32503

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: ERINKITOLA, MARTHA M
Address: 2109 W. BRAINERD ST.
City-St-Zip: PENSACOLA, FL 32505

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

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

Title: CPN (X) Change () Addition
Name: GOULD, PEGGY
Address: 1201 NORTH P STREET
City-St-Zip: PENSACOLA, FL 32505

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: MARTHA ERINKITOLA

DIR

04/22/2009

Electronic Signature of Signing Officer or Director

Date