2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2009
Secretary of State

DOCUMENT# N02000009859

Entity Name: SAVANNA CLUB WORSHIP SERVICE, INC.

Current Principal Place of Business:

8544 MARLBERRY CRT.
PORT ST. LUCIE, FL 34952

New Principal Place of Business:

Current Mailing Address:

3825 HYDRILLA CT
PORT ST LUCIE, FL 34952

New Mailing Address:

FEI Number: 80-0037609 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BERGER, JACK H
8544 MARLBERRY CRT.
PORT ST. LUCIE, FL 34952 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: D ( ) Delete
Name: GLUCK, ROBERT
Address: 3817 FETTERBUSH CT
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: D ( ) Delete
Name: COLLIER, MARILYNN
Address: 4264 COLUMBRINA CR
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: D ( ) Delete
Name: SMITH, LEIGHTON
Address: 8209 E BITTERBUSH LANE
City-St-Zip: PORT ST LUCIE, FL 34952

Title: D ( ) Delete
Name: DAY, MAUDIE
Address: 3828 SANDLACE CT
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: D ( ) Delete
Name: ROBBINS, JUDITH
Address: 3825 HYDRILLA CT
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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
Name:
Address:
City-St-Zip:

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

Title: D ( ) Change (X) Addition
Name: CORNELL, JACK
Address: 3001 APPROACH SHOT WAY
City-St-Zip: PORT SAINT LUCIE, FL 34952

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: JUDITH ROBBINS D 04/26/2009
Electronic Signature of Signing Officer or Director — Date