

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000320

FILED  
Apr 27, 2009  
Secretary of State

Entity Name: ANTHEM COMMUNITY CHURCH, INC.

## Current Principal Place of Business:

2902 SW 75 ST.  
GAINESVILLE, FL 32607

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 2289  
ALACHUA, FL 32616

## New Mailing Address:

FEI Number: 14-1845822

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CLEMONS, CHAD  
210 NW 1ST AVE.  
HIGH SPRINGS, FL 32643 US

## Name and Address of New Registered Agent:

CLEMONS, CHAD  
24751 NW 155 AVENUE  
HIGH SPRINGS, FL 32643 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:

04/27/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: CLEMONS, CHAD  
Address: 2902 SW 75 ST.  
City-St-Zip: GAINESVILLE, FL 32607

Title: S ( ) Delete  
Name: MOORE, MARY ANN  
Address: 2902 SW 75 ST.  
City-St-Zip: GAINESVILLE, FL 32607

Title: T ( ) Delete  
Name: PAYNE, AMANDA  
Address: 2902 SW 75 ST.  
City-St-Zip: GAINESVILLE, FL 32607

Title: D ( ) Delete  
Name: AUSTIN, ARIC  
Address: 2902 SW 75 ST.  
City-St-Zip: GAINESVILLE, FL 32607

Title: D ( ) Delete  
Name: CLEMONS, BOB  
Address: 2902 SW 75 ST.  
City-St-Zip: GAINESVILLE, FL 32607

Title: D (X) Delete  
Name: MOORE, JAMES  
Address: 2902 SW 75 ST.  
City-St-Zip: GAINESVILLE, FL 32607

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change ( ) Addition  
Name: MOORE, JAMES  
Address: 2902 SW 75 ST  
City-St-Zip: GAINESVILLE, FL 32607

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: CHAD B. CLEMONS

PD

04/27/2009

Electronic Signature of Signing Officer or Director

Date