2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000518

FILED Apr 29, 2009 Secretary of State

Entity Name: COLONY COMMUNITY CHURCH, INCORPORATED

Current Principal Place of Business: New Principal Place of Business: 1275 BEVILLE RD DAYTONA BEACH, FL 32119 **Current Mailing Address: New Mailing Address:** 5925 KENDREW DR PORT ORANGE, FL 32127 FEI Number: 74-3075411 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: STUMP, PAUL L REV STUMP, PAUL L DR 5925 KÉNDREW DR 5925 KÉNDREW DR PORT ORANGE, FL 32127 PORT ORANGE, FL 32127 US 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. PAUL L STUMP 04/29/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition SILVERNAIL, ROBERT G STUMP, PAUL L DR Name: Name: 1266 MAYFLOWER DR. Address: 5925 KENDREW DRIVE Address: City-St-Zip: DAYTONA BEACH, FL 32119 City-St-Zip: PORT ORANGE, FL 32127 Title: () Delete Title: () Change () Addition MACLEAN, ED Name: Name: Address: 1271 FLINTLOCK DR. Address: City-St-Zip: DAYTONA BEACH, FL 32119 City-St-Zip: Title: () Delete Title: () Change () Addition ABERCROMBIE, LORAINE Name: Name: Address: 1247 PILGRAM PLACE Address: City-St-Zip: DAYTONA BEACH, FL 32119 City-St-Zip: Title: () Delete Title: () Change () Addition Name: DUNCAN, MARJORIE Name: Address: 1259 MAYFLOWER DR Address: City-St-Zip: DAYTONA BEACH, FL 32119 City-St-Zip: Title: () Delete Title: (X) Change () Addition CONNELLY, ELIZABETH MATERN, BARBARA L Name: Name: 1263 ME. VERNON DR 1292 MAYFLOWER DRIVE Address: Address: City-St-Zip: DAYTONA BEACH, FL 32119 City-St-Zip: DAYTONA BEACH, FL 32119 Title: () Delete Title: () Change () Addition DUNCAN, WILLIAM Name: Name: Address: 1259 MAYFLOWER DR Address: DAYTONA BEACH, FL 32119 City-St-Zip: 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. PAUL L STUMP P 04/29/2009