2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# N03000003196

Entity Name: REFORMED CHURCH OF THE LIVING GOD OF FLORIDA, INCORPORATED

Current Principal Place of Business:

5980 BECKWORTH AVENUE
MULBERRY, FL 33860 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 378
BRADLEY, FL 33835

New Mailing Address:

FEI Number: 59-3220010 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SIMON, JAMES BISHOP
5980 BECKWORTH AVENUE
MULBERRY, FL 33860 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: SIMON, JAMES
Address: 5880 BLACK AVENUE
City-St-Zip: PIERCE, FL 33860

Title: VD ( ) Delete
Name: DARDEN, PERCY L
Address: 3736 WEAVER ROAD
City-St-Zip: WILSON, NC 278939441

Title: SD ( ) Delete
Name: DARDEN, CLEO
Address: 3736 WEAVER ROAD
City-St-Zip: WILSON, NC 278939441

Title: TD ( ) Delete
Name: STEVENSON, ROBERT L
Address: 335 WILLIAMS STREET
City-St-Zip: PIERCE, FL 33860

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:

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: ANGELA WILSON MS 03/24/2009

Electronic Signature of Signing Officer or Director — Date