

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004687

FILED
Jan 11, 2009
Secretary of State

Entity Name: SHADY GROVE CHURCH OF GOD, INC.

Current Principal Place of Business:

220 S GAINES ST
OAK HILL, FL 32759

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 512
OAK HILL, FL 32759

New Mailing Address:

FEI Number: 55-0843465

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HALL, MARK R ESQ.
124 FAULKNER ST
NEW SMYRNA BCH, FL 32168 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: CP () Delete
Name: BURCH, JAMES A III
Address: 143 MAPLE ST
City-St-Zip: OAK HILL, FL 32759

Title: TM () Delete
Name: BURCH, BRUCE E
Address: 145 MAPLE ST
City-St-Zip: OAK HILL, FL 32759

Title: OC () Delete
Name: COPELAND, TAMMY
Address: 1790 HIDEAWAY LANE
City-St-Zip: EDGEWATER, FL 32132

Title: OC () Delete
Name: RUISSI, JOEL
Address: 3080 OKLAHOMA ST
City-St-Zip: MIMS, FL 32754

Title: OC () Delete
Name: BURCH, JAMES A II
Address: 141 MAPLE ST
City-St-Zip: OAK HILL, FL 32759

Title: OC () Delete
Name: GOODRICH, CECIL M
Address: 129 MAPLE ST
City-St-Zip: OAK HILL, FL 32759

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
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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: BRUCE E BURCH

TM

01/11/2009

Electronic Signature of Signing Officer or Director

Date