

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004867

FILED  
Jun 15, 2009  
Secretary of State

**Entity Name:** LIVING FAITH CHRISTIAN CENTER FLAGLER COUNTY, FLORIDA, INC.

**Current Principal Place of Business:**

4500 BELLE TERRE PARKWAY  
PALM COAST, FL 32164

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 353489  
PALM COAST, FL 32135

**New Mailing Address:**

**FEI Number:** 42-1602342      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

NOWELL, SIDNEY M ESQ.  
300 N. STATE STREET  
BUNNELL, FL 32110      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: P      ( ) Delete  
Name: JACKSON, ARTHUR L SR.  
Address: P.O. BOX 353489  
City-St-Zip: PALM COAST, FL 32135

Title: VP      ( ) Delete  
Name: JACKSON, GWENDOLYN G  
Address: P.O. BOX 353489  
City-St-Zip: PALM COAST, FL 32135

Title: DEAC      ( ) Delete  
Name: BROWN, ROOSEVELT C DEAC  
Address: P.O BOX 1655  
City-St-Zip: BUNNELL, FL 32110

Title: DEAC      ( ) Delete  
Name: GILYARD, RAYFIELD  
Address: P.O. BOX 1302  
City-St-Zip: BUNNELL, FL 32110

Title: TEAC      ( ) Delete  
Name: ALVARENGA, JENNIFER  
Address: 17 LLOCHIRE PATH  
City-St-Zip: PALM COAST, FL 32164P

**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:

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: ARTHUR L. JACKSON, SR

P

06/15/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date