

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004867

FILED
Apr 30, 2011
Secretary of State

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

Current Principal Place of Business:

2729 EAST MOODY BLVD.
SUITE 703-705
BUNNELL, FL 32110

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)

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
Name: JACKSON, ARTHUR L SR.
Address: P.O. BOX 353489
City-St-Zip: PALM COAST, FL 32135

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

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

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

Title: SECR
Name: BOWENS, TERESA
Address: 8 ANGELA DRIVE
City-St-Zip: PALM COAST, FL 32164

Title: DEAC
Name: JONES, LARICKY
Address: PO BOX 1315
City-St-Zip: BUNNELL, FL 32110

I hereby 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 all other like empowered.

SIGNATURE: GWENDOLYN G JACKSON

VP

04/30/2011

Electronic Signature of Signing Officer or Director

Date