

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009461

FILED
May 05, 2009
Secretary of State

Entity Name: TRI-COMMUNITY FELLOWSHIP OF CHRISTIAN LEADERS, INC.

Current Principal Place of Business:

20942 US HWY 301
DADE CITY, FL 33523 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 2
LACOOCHEE, FL 33537 US

New Mailing Address:

FEI Number: 01-0799339 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
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:

KAMINSKI, ROGER D PRES
21425 DURDEN RD
DADE CITY, FL 33523 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: KAMINSKI, ROGER D
Address: 21425 DURDEN RD
City-St-Zip: DADE CITY, FL 33523

Title: VP () Delete
Name: SPRINGER, MARK
Address: 6178 IVY HILL LANE
City-St-Zip: BROOKSVILLE, FL 34602

Title: S () Delete
Name: WEBB, BRIAN
Address: 2066 SR 784
City-St-Zip: WEBSTER, FL 33597

Title: T () Delete
Name: SPRINGER, LANA
Address: 6178 IVY HILL LANE
City-St-Zip: BROOKSVILLE, FL 34602

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: ROGER D. KAMINSKI

P

05/05/2009

Electronic Signature of Signing Officer or Director

Date