2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0400000382

FILED Feb 06, 2007 Secretary of State

Entity Name: LANDMARK COMMUNITY CHURCH, INC.

| Current Principal Place of Business: New P | rincipal Place of Business: |
|--|-----------------------------|
|--|-----------------------------|

1001 WEST S. R. 434

WINTER SPRINGS, FL 32708

Current Mailing Address: New Mailing Address:

1001 WEST S. R. 434 WINTER SPRINGS, FL 32708

FEI Number: 20-0616766 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

HALL, DALE STONE, SHERRIE C 1001 WEST S. R. 434 1001 WEST S.R. 434

WINTER SPRINGS, FL 32708 US WINTER SPRINGS, FL 32708 US

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: SHERRIE C. STONE 02/06/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P
 () Delete
 Title:
 PD
 (X) Change () Addition

 Name:
 HALL, DALE
 Name:
 HALL, DAVID C

 Address:
 1001 WEST S.R. 434
 Address:
 469 SO. TRIPLET LAKE DRIVE

 City-St-Zip:
 WINTER SPRINGS, FL 32708
 City-St-Zip:
 CASSELBERRY, FL 32707

Title: () Delete Title: D () Change (X) Ado

 Title:
 () Delete
 Title:
 D () Change (X) Addition

 Name:
 STONE, JAMES S

 Address:
 Address:
 180 N. EDGEMON AV

 City-St-Zip:
 City-St-Zip:
 WINTER SPRINGS, FL 32708

Title: D () Change (X) Addition

 Name:
 Name:
 BARE, KENNETH D JR.

 Address:
 Address:
 124 CROWN COLONY WAY

 City-St-Zip:
 City-St-Zip:
 SANFORD, FL 32771

 $\label{eq:time_state} \mbox{Title:} \qquad \mbox{() Delete} \qquad \qquad \mbox{Title:} \qquad \mbox{S} \qquad \mbox{() Change (X) Addition}$

 Name:
 Name:
 STONE, SHERRIE C

 Address:
 Address:
 180 N EDGEMON AV

 City-St-Zip:
 City-St-Zip:
 WINTER SPRINGS, FL 32708

I hereby certify that the information supplied with this filing does not qualify for the 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: DAVID C. HALL PD 02/06/2007